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		Vista Ima	
MRI Patient Screening Fo		Scanned Do Date 4-1904 Tin	ne: 12:30
Date: 4.290 Name(First, Middle, Last): 5te by Le	25/6025	₹ \ mms:-	
Last Four SSN#:		38	9.
Female [ ] Males Age: Date of Birth Height	) (( ) Weig	nt 194	<del></del>
Why are you having this examination (medical problem)?			·
Have you ever had a MRI examination before and had a problem? If yes, please describe:		YES	NO
Have you ever had a surgical operation or procedure of any kind?  If yes, list all prior surgeries and approximate dates:	· · · · · · · · · · · · · · · · · · ·	***************************************	_
Have you ever had an injury from a metal ogject in your eye? (metal slivers, metal shavings, other metal object) If yes, did you seek medical attention? If yes, describe what was found:			<u>-</u>
Do you have a history of kidney disease, asthma, or other allerigic respiratory disease?			
Do you have any drug allergies? If yes, please list drugs:			
Have you ever received a contrast agent or x-ray dye used for MRI, CT, or other x-ray or study?			_
Have you ever had an x-ray dye or magnetic resonance imaging (MRI) contrast agent allergic reaction? If yes, please describe:		-	
For Female Patients:			
Date of last menstrual period: Post menopaus	al?		
Are you pregnant of experiencing a late meantrual period?			•
Are you taking oral contraceptives or receiving hormaonal treatment?		-	
re you taking any type of fertility medication or having fertility treatments yes, please describe:	37 —	<del></del>	<del></del>
are you currently breastfeeding?			
Ignature of Individual:		1 8	•
eviewed by:	Date: _	4.29.00	08-09
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150 Mundy Street • Wilkes-Barre Township, PA 18702 (570) 826-3800 • TDD (570) 826-3789

#### OFFICE OF MICHAEL J. RAYMOND, PH.D.

May 13, 2008

Regarding: Initial Neuropsychological Evaluation for Patient: Stanley Laskowski
To Whom It May Concern:
Please be advised that our attempts to schedule your patient for neuropsychological evaluation and testing with Dr. Michael Raymond has been unsuccessful as the following has occurred:
(X) We have been unable to contact the patient via telephone on three (3) consecutive business days. A letter was mailed to the patient requesting they contact us for an appointment within ten (10) business days. We have not received a response.
( ) Patient has not kept one or more confirmed appointments and has not returned our calls to reschedule.
( ) We have contacted the patient and they have declined services/prefers to seek services at another facility.
( ) Other:
Questions concerning scheduling of services for this patient should be directed to the Clinical/Forensic Neuropsychology Department secretary Sandy Williams at 830-8936. Thank you.

11100

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150 Mundy Street • Wilkes-Barro Township, PA 18702 (570) 826-3800 • TDD (570) 826-3789

# VA PATIENT'S SCHEDULED WITH DR. RAYMOND

TO:

Alice (VAMC) 819-5143

FROM:

Dr. Raymond's Office

PATIENT NAME:

Stanley Laskowski

LAST 4 SOC. SEC #:

This patient has been scheduled for an appointment with Dr. Raymond for Neuropsychological Evaluation and Testing on the following dates.

(T) June 10, 2008

12:00 pm - 1:00 pm (Dr. Raymond)

(T) June 10, 2008

1:00 pm - 4:30 pm (testing)

and

(Th) June 12, 2008

1:00 pm - 4:30 pm (testing)

If you have any questions or problems, please contact me at (570) 830-8936.

MIOI



150 Mundy Street • Wilkes-Barre Township, PA 18702 (570) 826-3800 • TDD (570) 826-3789

DATE:	11-20-08
ro:	Alice
COMPANY:	VAMC
FAX NUMBER:	819-5143
*****************	Part partent de la composition del composition de la composition del composition de la composition de
FROM:	Dr. Michael J. Raymond
COMPANY;	THE JOHN HEINZ INSTITUTE OF REHABILITATION MEDICINE
LOCATION:	150 MUNDY STREET, WILKES-BARRE, PA 18702
OUR FAX MACHI	NE NUMBER: (570) 830-8917
TOTAL NUMBER (	OF PAGES:
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\*\*\* IF YOU DO NOT RECEIVE THE NUMBER OF PAGES INDICATED

PLEASE CALL (570) 826-3771

confidential information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, distribution, copying or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this communication in error, or if any problems occur with transmission, please notify us immediately by telephone and return the original information to us at the above address via regular postal services. Thank you for your help in maintaining appropriate confidentiality.

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## Neuropsychological Data Summary

Patient:Stanley Laskowski

Date: 6/08

WAIS-R (Scaled and Age Adjusted Scaled Scores):	SS/Age adj	LAT	ERALI	OMIN	ANC	Z:				R
Information	13/13		SORY P				AM:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	
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Vocabulary	13/13		Auditory Stimulation					ō		
Arithmetic	14/13		er Recog			^		<del></del>	<del></del>	8
Comprehession	13/12		F-T Number Writing					0		
Similarities	12/12		le Porm				R 13 "	L	12 "	0
Picture Completion	7/7		Visual Stimulation						0	
Picture Acrangement .	10/10									
(Untimed)	10/10	PINC	ER TA	PPING	TES1	T:				
Block Design	14/14	Dom	ment							54
(Untimed)	14/14	Newd	ominant	ł						43
Digit Symbol	13/14									
VIQ	119/90	DYN	AMOM	TER:						`
PIQ ·	106/66	Domi	nent		•					51 kgs
PSIQ	115/84	Nond	ominant				,		****	51 kgs
•										
WECHSLER MEMORY SCALE-III:	55 / %		OVED P	EGBO/	RD:		······	,		
Anditory Immediate Memory	114/82	Domi	pest							<u> </u>
Visual Immediate Memory	97/42	Nond	ominant					····		
Immediate Memory	106/66				······································	····		entropolitico di		
Auditory Delayed	128/97	TACTUAL PERFORMANCE TEST:								
Vienaj Delayed	97 / 42.	Domit	Deminant 3.5 Total 8.7							
General Memory	114/82	Nondominant 3.2 Memory 10								
Werking Memory	111/77	Both		2.0		Local	ization	耳	10	
WRAT-3 (Standard Scores/ %):	85 / %	CATEGORY TEST:					9			
Reading	116/86									
Spelling	110/75	TRAI	SA:							23,
Arithmetic	110/75	TRAL	S Di							44 "
Mean	112 / 79							************		
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PERBAL PLUENCY TEST:	19	WAI OT	EAD IM	DAIDY	DNY	YMD	Υ.			0.0
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#### FUNCTIONS ASSESSED BY FORMAL TESTING / INTERVIEW:

Lateral Dominance

Orientation

Speech:

Articulation
Prosody
Voice Volume
Word Finding
Quantity of Speech

Language / Verbal Skills:

Reading Verbal Finency Auditory Comprehension Vocabulary

Verbal Memory / Learning:

Attention/Immediate Auditory Registration Recent Verbal Mamory New Verbal Learning Ability Delayed Verbal Memory

Nonverbal Memory / Learning:

Nonverbal (Visual) Attention/ Immediate Registration Immediate Nonverbal (Visual) Recall Nonverbal (Visual) Memory Delayed Nonverbal (Visual) Recall Tactile Memory

Attention / Concentration:

Immediate Verbal/Nonverbal Recall Auditory Discrimination of Nonsense Syllables Auditory Discrimination of Rhythmic Sounds Countractional Praxis/ Visuoperception:

Constructional Praxis
Visuospatial Integration

Sensory Functions:

Grapheshesia Double Simultaneous Stimulation Tactile Recognition

**Motor Functions:** 

Motor Speed Marmal Decterity Grip Strength Handwrithig Motor Control

Executive Functions:

Concept Formation
Set Maintenance
Visuomotor Strategies
Social Judgment /Reasoning
Clock Drawing

Nonspecific Cognitive Functions:

Calculation
Abstract Reasoning
Right/Left Discrimination
Practs Byahustion
Fund of General Knowledge
Common Sense/Decision Making

Personality Characteristics

Motivation / Effort

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NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 8

5. Share the results of this evaluation with Mr. Laskowski and assist him with the implementation of these recommendations.

Michael J. Raymond, Ph.D.

Director, Clinical/Forensic Neuropsychology

Clinical Director, Brain Injury Program

Diplomate, American Board of Professional Neuropsychology

dd: MJR, Ph.D. - 6/18/08

tr. sw - 6/18/08

cc: Dr. Hogg, VAMC

Enclosure: Neuropsychological Data Summary Sheet

**Functions Assessed Sheet** 

NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 7 0- | WM 030Y | WM 030Y | UNKNOWN | 98468

finances, and socialize with family and friends. As previously reported, he has been receiving disability benefits secondary to his PTSD. Fortunately, he has the requisite cognitive abilities to participate in some form of gainful activity. His overall prognosis is favorable, especially if his adjustment difficulties, namely agitated depression and PTSD, are treated aggressively and effectively.

## **DIAGNOSTIC IMPRESSIONS:**

**Grossly Intact Neurocognitive Functions** 

Adjustment Disorder with Mixed Emotional Features (agitated depression, PTSD)

#### RECOMMENDATIONS:

In view of the current findings, the following recommendations are suggested:

- 1. Continue to be followed medically per his primary care physician and other medical specialists, as deemed appropriate, for the monitoring of his general medical status.
- 2. Given Mr. Laskowski's noteworthy adjustment difficulties (i.e., agitated depression, PTSD), it is recommended that he be seen in psychiatric follow-up and continue in ongoing adjustment counseling to assist him in developing more feasible coping strategies. A trial of biofeedback assisted relaxation techniques might also prove beneficial.
- 3. Mr. Laskowski indicated that he generally consumes 5 caffeinated beverages per day. This amount may be considered excessive and may contribute to such symptoms as depression, irritability, and frustration. Thus, it is recommended that he reduce his daily consumption of caffeinated beverages.
- 4. A baseline of neuropsychological functions has been established. Given essentially unremarkable test results, it is not recommended that he be neuropsychologically re-evaluated. However, if acute cognitive/behavioral changes occur, it is recommended that he be re-evaluated at that time to compare/contrast previous findings.

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NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 6

consolidate, and retrieve information better through verbal/auditory than visual channels. His combined scores on the WRAT-3 yield a basic academic skills quotient (112) which is within the high average range and at the 79<sup>th</sup> percentile rank. His performance across all academic domains was equivocal (reading 116, spelling 110, arithmetic 110).

Additional neuropsychological measures suggest grossly intact cognitive abilities. Despite this, Mr. Laskowski clearly processes information better through verbal/auditory than visual channels. At this juncture, this is likely due to an individual difference rather than the result of brain impairment.

Behaviorally, Mr. Laskowski clearly presents with ongoing adjustment, difficulties manifested by anxiety, depression, thought preoccupation, and PTSD. Based on his subjective report, clinical symptoms, and formal personality assessment, his depression is best described as an "agitated depression". As previously noted, he reported numerous neurovegetative depressive symptoms including insomnia, fatigue, anorexia with associated 40 pound weight loss, depression, crying, constipation, and diminished libido. He denied suicidal ideation/intent. This coincides with formal personality assessment. Specifically, scores on both the Beck Depression Inventory (38) and depression scale on the MMPI-2 (T score 70) are within the severe/moderate ranges of depression. Five additional clinical scales on the MMPI-2 were elevated above T score of 65 with highest elevations on hypochondriasis (77) and schizophrenia (75). However, this profile must be viewed cautiously given his elevated F scale (95) which in all likelihood reflects an invalid profile. In any event, Mr. Laskowski does present with an agitated depression and PTSD, manifested by flashbacks, nightmares, and intrusive thoughts.

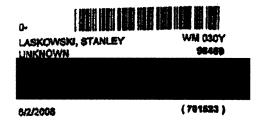
#### SUMMARY:

In summary, the above enumerated findings, with a reasonable degree of neuropsychological certainty, are essentially unremarkable for neurocognitive alterations following his reported multiple concussions in 2003. General Indices of neuropsychological functioning (Halstead Impairment Index, Neuropsychological Deficit Scale) were within the normal ranges. Within the original Halstead-Reitan Neuropsychological Battery, none of the four most sensitive indicators regarding the biological integrity of the brain were impaired (Halstead Impairment Index, Trails B, TPT Localization Memory, Category Test). Furthermore, his Neuropsychological Deficit Scale score (16) was within the normal range. Together, these results suggest normal cognitive processes. In contrast, ongoing adjustment difficulties persist including agitated depression and PTSD. He has been receiving disability benefits for the past year secondary to his adjustment difficulties.

At a functional level, Mr. Laskowski remains independent in all activities of daily living (ADL). He has been able to successfully parent his children and assume the responsibilities of homemaker, operate an automobile, manage daily and monthly

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NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 5



Test of Memory Malingering (TOMM)
Beck Depression Inventory (BDI)
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

## **NEUROPSYCHOLOGICAL FINDING8:**

By history (educational/vocational) and the cognitive data obtained, it appears that Mr. Laskowski has functioned within the high average range of general intelligence. With this benchmark in mind, the following functions were judged below anticipated levels:

Visual Identification
Visual Memory

All other functions assessed (i.e., fund of general information, vocabulary, auditory comprehension, academic achievement, auditory memory, executive functions) met anticipated performance criteria.

This neuropsychological evaluation is essentially unremarkable for neurocognitive alterations as evidenced by scores on standardized neuropsychological Indices (Halstead Impairment Index 0.0, Neuropsychological Deficit Scale 16). These indices are global measures which attempt to predict the probability of brain dysfunction based on the patient's overall test performance. In this instance, the indices were within the normal ranges which generally precludes the presence of cortical dysfunction. Specific analysis of the data, considering a variety of factors to more precisely determine the presence, extent, locus and nature of impairments, supports this notion. These findings appear to be an adequate representation of his age peers based on normative data including socioeconomic, educational, ethnic and personality status.

Mr. Laskowski's intellectual abilities appear generally commensurate with anticipated estimates (high average range). For example, on the administration of the WAIS-R, he achieved an FSIQ of 115, ± 5. This is a score at the 84<sup>th</sup> percentile rank relative to expectation for his age and one which reflects high average general intellectual and problem-solving resources. Given his effort which was optimal throughout the evaluation and the psychometric properties of the WAIS-R, it can be calculated that the chances are about 90 out of 100 (i.e., 90% confidence level) that his "true" FSIQ currently falls within the range of scores from 110 to 120. A moderate degree of intratest scatter was noted as his scaled scores range from seven (picture completion) to fourteen (digit span, arithmetic, block design). A 13 point discrepancy between VIQ (119) and PIQ (106) is not statistically significant for lateralized deficits, however, it may have clinical implications. This was further borne out on formal memory assessment. Specifically, on the WMS-III, he achieved a general memory index (114) which is well within the high average range and at the 82<sup>nd</sup> percentile rank. A similar discrepancy between verbal and nonverbal abilities was noted on memory assessment. Overall, Mr. Laskowski appears to process,

LASKOWSKI, STANLEY PIII



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NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 4

clinical rapport was easily established. Speech was intelligible and there was no evidence of aphasia or dysarthria. He was an excellent historian regarding background information. He appeared his chronological age. Eye contact was generally sustained. Gait, station, and tandem walking were grossly intact. Romberg was negative.

Mood was depressed and anxious while affect was appropriate for mood. He reported ongoing symptoms associated with PTSD manifested by flashbacks, nightmares, and intrusive thoughts. Furthermore, he reported neurovegetative depressive symptoms including insomnia with associated fatigue, mild anorexia with 40 pound weight loss X's one year, dysphoria, crying, constipation, and diminished libido. He denied suicidal ideation/intent. Thought processes were coherent and there was no evidence of formal thought disorder or psychosis. No unusual perceptions were noted; he denied oifactory/gustatory alterations.

Mr. Laskowski understood the purpose of this comprehensive neuropsychological evaluation. He completed all tasks in a cooperative and well motivated fashion. Attention/concentration levels were sustained. There was no evidence of impulsivity or other behavioral anomalies. Problem solving abilities were, for the most part, grossly intact. His reaction to success or failure was considered mildly frustrated; he responded favorably to positive social feedback and redirection. Test taking rate was grossly intact. Validity of response set was evaluated during the interview and assessment procedures. In both instances, the patient performed in a manner which suggested that he accurately and validly responded to test items. The neuropsychological findings reported appear to be a reliable sample of Mr. Laskowski's current level of adaptive functioning.

#### **METHODS OF ASSESSMENT:**

Interview (patient) Review of Past Medical Records Lateral Dominance Examination Wechsler Adult Intelligence Scale - Revised (WAIS-R) Wechsler Memory Scale - III (WMS-III) Wide Range Achievement Test - 3 (WRAT-3) Seashore Rhythm Test Speech Sounds Perception Test Aphasia Screening Test Sensory Perceptual Examination Trail Making Test (A & B) Finger Tapping Test Dynamometer Clock Drawing Test **Category Test** Tactual Performance Test (TPT)

LASKOWSKI, STANLEY PIII

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LASKOWSKI, STANLEY

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NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 3

38469 (701523) 6/2/2008

weeks at the VAMC, Coatesville, PA in the psychiatric unit from September to December, 2007. Fortunately, Mr. Laskowski noted gradual improvements in his physical and behavioral status although he is concerned about the status of perceived cognitive limitations.

Past medical history included the usual childhood illnesses and 2 prior concussions as a teenager following a motor vehicle accident and football injury; fortunately, there are no neurological residuals reported. There was no history of hypertension, cardiac disease, cerebrovascular disease, cancer, seizure disorder, headaches, thyroid disease, diabetes mellitus, major surgeries, neurotoxin exposure, or seasonal allergies. Family history is noncontributory. He denied past psychiatric history. Familial history is noteworthy for this mother with depression and anxiety. He smokes one pack of cigarettes and generally consumes 4-5 caffeinated beverages per day. He had a prior history of alcohol abuse without reported "dependence". He indicated that he has maintained his sobrlety since August, 2007. He denied the usage of illicit drugs.

Educationally, Mr. Laskowski completed 13 years of formal education. He indicated that he completed on year of college through Park University, an on-line curriculum in criminal justice. In 1996, he graduated from Bishop O'Hara High School, Dunmore, PA while maintaining a "B" average and completing an academic curriculum. He indicated that his favorite subject was history while his least favorites were arithmetic and science. He denied a prior history of learning disabilities or developmental delays. He participated in various extracurricular activities including football, baseball, and wrestling. His father was a high school graduate while mother completed 14 years of formal education.

Vocationally, Mr. Laskowski has been disabled for the past year secondary to PTSD. He is considered a "homemaker" and parents his children. His wife is employed as a medical records clerk in Scranton, PA. His overall goal is to "feel better and teach my children". Mr. Laskowski resides with his wife of 6 years in an apartment in Carbondale, PA. The Laskowski's have 3 children, ages 6, 3, and 1. Mr. Laskowski indicated that he and his wife plan on relocating to CA. His mother is deceased while his father is estranged. He has no siblings. He denied marital discord and indicated that his extended family is mutually supportive.

Additional past medical/background history is well documented and can be elicited from his records. The undersigned reserves the right to supplement this report if additional pertinent records become available for review.

### BEHAVIORAL OBSERVATIONS:

Mr. Laskowski was unaccompanied throughout the initial interview with the undersigned on 6/10/08. At that time, he presented in a pleasant and cooperative fashlon and in no acute distress. Dress was casual while grooming and hygiene were unremarkable. A

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NEUROPSYCHOLOGICAL CONSULTATION LASKOWSKI, STANLEY PAGE 2

#### **REASON FOR REFERRAL:**

Mr. Laskowski is a 30 year old, Caucasian, married, right-handed male with 13 years of formal education. Reportedly, he enlisted in the United States Marines in 1999. He became an infantry squad leader and spent 5 months in Iraq from February to July, 2003. During that time, he allegedly sustained a number of "mild" concussions following 2 blast injuries and a motor vehicle accident. On 2 occasions, brief loss of consciousness was reported, however, he never sustained any specific head or facial trauma (i.e., hemorrhage, laceration, ecchymosis) nor did he receive acute medical attention or hospitalization. He received an honorable discharge in February, 2007. He was seen in medical follow-up through the VAMC which indicated that he may have sustained a generalized seizure on 2/29/08 as a result of an adverse medication effect of Tramadol and Prozac. A cerebral CT scan was negative and nondiagnostic. Despite this, he reported neurocognitive alterations including recent memory difficulty and reduced attention/concentration. Furthermore, he was diagnosed with PTSD. Based on the above noted information, Mr. Laskowski was referred to the undersigned, per Dr. Hood for neuropsychological consultation to establish a baseline of neuropsychological functions and aid in developing additional diagnostic impressions and treatment recommendations.

#### PERTINENT MEDICAL/BACKGROUND HISTORY:

As noted above, Mr. Laskowski may have sustained multiple, albeit mild post-concussions following 2 or 3 blast injuries and a motor vehicle accident while stationed in Iraq from February to July, 2003. He did not require acute medical attention or have any symptoms associated with post-concussion. He received an honorable discharge in February, 2007. On 2/29/08, he apparently sustained an initial generalized seizure as a result of an adverse medication effect of Tramadol and Prozac. He was stabilized and he has not experienced any additional seizures. He has been followed through the VAMC and placed on disability secondary to PTSD. He continues to receive psychological counselling one time per week through the Vet Center, Scranton, PA.

As part of Mr. Laskowski's comprehensive neuropsychological evaluation, he was formally interviewed per the undersigned on 6/10/08. At that time, he reported various physical, cognitive, and behavioral alterations. For example, he reported ongoing cervical pain, headaches which occur 4-5 time per week and described as a "sharp throbbing" pain in the right temporal region. He rated the headaches a 6-7/10 on a formal pain scale. He reported transient hand tremor, blurred vision, and reduced balance. He reported tinnitus greater in the right than left ear. From a cognitive perspective, he reported fluctuating attention/concentration and recent memory difficulty. Behaviorally, he reported depression, anxiety, and PTSD. He has experienced occasional anger outburst manifested by verbal abuse. He continues to experience flashbacks, nightmares, and instructive thoughts regarding "accidents and injuries". These problems primarily began following his return home from Iraq. He also reported paranoid ideation. He spent 10



LASKOWSKI, STANLEY PIII



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VA MEDICAL CENTER

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6/2/2008

DATE OF EVALUATION: 6/08

MARITAL STATUS: Married

OCCUPATION: Disabled (PTSD)

DATE OF BIRTH:

**EDUCATION: 13** 

**AGE: 30** 

(701523)

150 Mundy Street • Wilkes-Barre Township, PA 18702 (570) 826-3800 • TDD (570) 826-3789 CONFIDENTIAL

## NEUROPSYCHOLOGICAL CONSULTATION

NAME: Laskowski, Stanley

ADDRESS:



TELEPHONE:



PATIENT NUMBER: 701523

LATERAL DOMINANCE: Right

GENDER: Male

REFERRED BY: Judith Hogg, M.D., VAMC

REFERRED FOR: Assessment of Current Neuropsychological Status

DIAGNOSIS: Status-Post Multiple Concussions following Various Blast Injuries

Post-Traumatic Stress Disorder (PTSD); by history

MEDICATIONS: Tramadol pm

MENTAL STATUS:

ORIENTATION: WNL

ATTENTION/CONCENTRATION: Sustained

MOOD: Depressed, Frustrated, Anxious

THOUGHT PROCESSES: Coherent

WORD FINDING: Unremarkable

"20NPA"

HNP5Y229

LASKOWSKI,STANLEY P III 198-66-7220 [WBP]\$

NED TBI CERTIFICATION LETTER NOTE 08/30

7.15:54 -- page 2 of 2 --

06/27/2008 L7220

STANLEY P LASKOWSKI III

Dear Mr. Stanley P Laskowski III,

This letter is being sent to you to inform/remind you of the following appointment(s) which are \*S C H E D U L E D\* at the Medical Center.
\*PLEASE NOTE WHERE YOUR APPOINTMENT IS LOCATED BELOW AND TIME/FOLLOW DIRECTIONS TO AREA\*

WEDNESDAY JUL 9, 2008 8:45 AM LAB 3RD FLR WEST Clinic

Directions to \*\*LAB: 3RD FLOOR WEST \*SILVER AREA\*\*

3rd FLR LAB, go to Atrium, turn right, take BLUE ELEVATORS to

3rd floor. Turn right, go past counter to hall clerks will be on your
right.

Directions to \*\*XRAY 2ND FLOOR(GREEN AREA) \*\*, enter main entrance, go to Atrium, turn left, go down corridor to GREEN ELEVATORS, take elevator to 2nd floor, turn right, clerk door is straight ahead.

Directios to \*\*EKG 3RD FLOOR(SILVER AREA) \*\*, enter main entrance, go to Atrium, go straight to main corridor, take SILVER ELEVATORS to 3rd floor. Turn left, and turn left again, go down corridor, you will see signs for

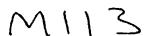
EKG. (ROOM C3-48)
Directions to \*\*NUCLEAR MEDICINE 2ND FLOOR(SILVER AREA) \*\*, enter main entrance, go to Atrium, go straight to main corridor, take SILVER ELEVATORS to 2nd floor. Turn left, and turn left again, go down corridor, Nuclear Medicine will be on your right. Enter thru electric doors, you will see a sign in sheet, please put name and time on sheet.

Please call the appropriate number listed below to accomodate your needs: LOCAL CALLS: (570)-824-3521 press #6 for nurse, press #2 for scheduling TOLL FREE: 1-877-928-2621 HEARING IMPAIRED: TT 570-821-7266 We appreciate your attention to the above and look forward to serving your medical needs.

Regards,

Department of Veterans Affairs Medical Center 1111 East End Boulevard Wilkes-Barre, Pennsylvania 18711-0026

NATIONAL SUICIDE PREVENTION HOTLINE: 1-800-273-TALK(8255)



LASKOWSKI,STANLEY P III

WBPIS

INED THE CERTIFICATION LETTER NOTE 06/39

3 15:54 - page 1 of 2 -

06/27/2008 L7220

# STANLEY P LASKOWSKI III

Dear Mr. Stanley P Laskowski III,

This letter is being sent to you to inform/remind you of the following appointment(s) which are \*S C H E D U L E D\* at this Medical Center.

WEDNESDAY JUL 9, 2008 10:30 AM TBI HOGG Clinic

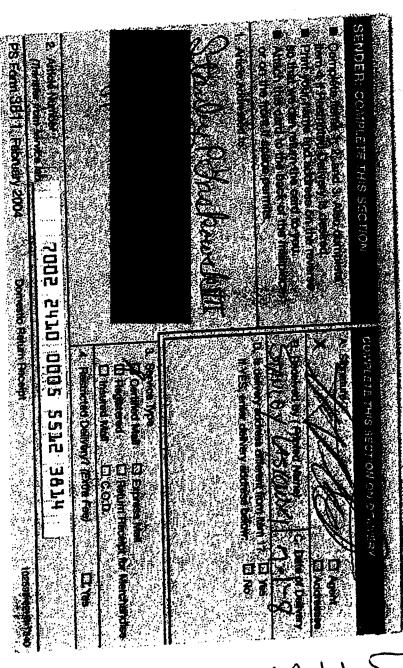
IF YOU CAN NOT KEEP THIS APPOINTMENT, please call the clinic at least 72 hours in advance to cancel. Failure to keep a scheduled appointment is defined as not arriving within 20 minutes of your scheduled appointment. When you fail to keep your scheduled appointment(s), you are denying others the opportunity to receive medical care.

HELPFUL TELEPHONE NUMBERS:

Main Switchboard: 570-824-3521 Toll Free: 1-877-928-2621 X7471 William Switchboard: 570-821-7266. Press "2" for Appointment assistance, Hearing Impaired: TT 570-821-7266. Press "2" for Appointment assistance, Press "6" for Medical Questions, or Press "0" for Operator assistance.

Press "6" for Med				
medical records f ARRIVE - 30 MINU physician visit " required. CHECK-IN-with A	V.S. Practi	AIL, REC	prior to your nurs	ase bring a copy of all tor.  your scheduled ing staff may be intment, your computer he VA Medical Center,
information wilm	(Domestin Mail O	nly; Na Insuranca C	overage Provided) 🖖 🖠	a quickly updated.
HAVE INSURANCE			at www.uspa.comy.in (37)	
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Wilkes-Barre, F	Sard To			
NATIONA	Street, Apt. No.; c: PO flor No.			273-TALK(8255)
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NED TBI CERTIFICATION LETTER NOTE 07/01 14:18 - page 1 of 1 -



MIIS

Jun 29, 2009@<u>16:09:5</u>9 31)

Date Verified: APR 11, 2007

Verifier E-Sig:/ES/ARLEEN S ZABELL

Report: PA & Lateral Chest

Erect PA and lateral views of the chest reveal the heart to be normal in size and configuration. Both lungs are well expanded and free of infiltrates. There are no pleural effusions or pulmonary vascular congestion. The mediastinum, hilar areas and hemidiaphragms are unremarkable. The bony structures are unremarkablě.

Impression: Heart and lungs are within normal limits. Hyperinflation.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
ARLEEN S ZABELL, STAFF RADIOLOGIST DIAGNOSTIC SVC (Verifier)

SINUSES 3 OR MORE VIEWS

Exm Date: APR 11, 2007@12:45 Req Phys: CASTRIGNANO, DOMINIC E

Pat Loc: ZZZCP CASTRIGNANO (Req'g Loc) Img Loc: X-RAY MAIN (XRAY) Service: Unknown

SINUSES 3 OR MORE VIEWS (Case 568 COMPLETE)

(RAD Detailed) CPT:70220

Clinical History: FOR CP EXAM

Report Status: Verified

Date Reported: APR 11, 2007 Date Verified: APR 11, 2007

Verifier E-Sig:/ES/ARLEEN S ZABELL

Report: Paranasal sinuses

The examination reveals satisfactory development of the maxillary, ethmoid, frontal and sphenoid sinuses. The sinuses are clear and well aerated revealing no mucosal thickening, mass densities or retained fluid. The osseous margins are intact.

Impression: Normal paranasal sinus study.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
ARLEEN S ZABELL, STAFF RADIOLOGIST DIAGNOSTIC SVC (Verifier) /az

Jun 29, 2009@16:09:59 **3**1)

Impression: Normal study of the bilateral hip joints.

6

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:
ARLEEN S ZABELL, STAFF RADIOLOGIST DIAGNOSTIC SVC (Verifier)

FOREARM 2 VIEWS

Exm Date: APR 11, 2007@12:45 Req Phys: CASTRIGNANO, DOMINIC E

Pat Loc: ZZZCP CASTRIGNANO (Req'g Loc) Img Loc: X-RAY MAIN (XRAY) Service: Unknown

(Case 566 COMPLETE) FOREARI Proc Modifiers : RIGHT FOREARM 2 VIEWS

Detailed) CPT:73090 (RAD

Clinical History: FOR CP EXAM

Report Status: Verified

Date Reported: APR 11, 2007 Date Verified: APR 11, 2007

Verifier E-Sig:/ES/ARLEEN S ZABELL

Report: Right forearm

Two views of the right forearm were obtained. There is no recent fracture, dislocation, osteolytic or osteoblastic disease. The soft tissues appear intact. There is minimal deformity of the distal ulnar shaft suggestive of an old healed fracture.

Impression:
 Minimal deformity of the distal ulnar shaft compatible with an
 old healed fracture.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
ARLEEN S ZABELL, STAFF RADIOLOGIST DIAGNOSTIC SVC (Verifier)

CHEST 2 VIEWS PA&LAT

Exm Date: APR 11, 2007@12:45 Req Phys: CASTRIGNANO, DOMINIC E

Pat Loc: ZZZCP CASTRIGNANO (Req'g Loc) Img Loc: X-RAY MAIN (XRAY) Service: Unknown

CHEST 2 VIEWS PA&LAT (Case 567 COMPLETE)

(RAD Detailed) CPT:71020

Clinical History: FOR CP EXAM

Report Status: Verified

Date Reported: APR 11, 2007

Jun 29, 2009@<u>16:09:5</u>9

Img Loc: X-RAY MAIN (XRAY)
Service: Unknown

(Case 564 COMPLETE) FOOT 3 OR MORE VIEWS Proc Modifiers : BILATERAL EXAM

(RAD Detailed) CPT:73630

Clinical History: FOR CP EXAM, WITH AND WITHOUT WEIGHTBEARING, AP , LATERAL &OBLIQUE

Report Status: Verified

Date Reported: APR 11, 2007 Date Verified: APR 11, 2007

Verifier E-Sig:/ES/ARLEEN S ZABELL

Report:
Bilateral feet

Multiple views of the feet were obtained. There is no recent fracture, dislocation, osteolytic or osteoblastic changes. There is a right plantar calcaneal spur. The soft tissues appear intact. There is a smooth area of increased density in the distal left calcaneus compatible with a benign bone island.

Impression:
 Normal bilateral feet with left calcaneal benign bone island and
 right plantar calcaneal spur.

\*\*\*\*\*\*\*\*\*\*\*\*\*

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
ARLEEN S ZABELL, STAFF RADIOLOGIST DIAGNOSTIC SVC (Verifier)

HIP 2 OR MORE VIEWS

Exm Date: APR 11, 2007@12:45 Req Phys: CASTRIGNANO, DOMINIC E

Pat Loc: ZZZCP CASTRIGNANO (Req'g Loc) Img Loc: X-RAY MAIN (XRAY) Service: Unknown

(Case 565 COMPLETE) HIP 2 OR MORE VIEWS Proc Modifiers : BILATERAL EXAM

(RAD Detailed) CPT:73510

Clinical History: FOR CP EXAM

Report Status: Verified

Date Reported: APR 11, 2007 Date Verified: APR 11, 2007

Verifier E-Sig:/ES/ARLEEN S ZABELL

Report: Bilateral hip joints

The regional bony structures are normal in configuration and density. There is no evidence of new or old osseous injury. The femoral heads are well positioned within the acetabulum. The joint spaces are well preserved with smooth margins. No soft tissue abnormality is demonstrated. Small area of increased density is identified in the right femoral head compatible with a benign bone island.

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Jun 29, 2009@16:09:59 31)

Procedure: MRI of the brain was performed utilizing routine multiplanar, multisequence brain imaging difficult. There are no prior study for comparison.

Findings: The ventricles, cisterns and CSF-containing spaces are symmetric bilaterally and within normal limits, Minimal white matter small vessel ischemic changes are identified. No evidence for intracranial mass lesion, mass-effect, hemorrhage or large vessel distribution ischemic event is identified. The cortical gray-white matter differentiation remain sharp throughout the brain. Cerebellum, brain stem and remainder of posterior fossa structures are unremarkable. Great vessels maintain normal caliber and appearance. The remainder of the osseous and soft tissue structures are unremarkable.

Impression: No evidence of acute intracranial abnormality.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:
, SCOTT GREENWALD, Staff Physician (Verifier) /sg

CHEST 2 VIEWS PA&LAT

Exm Date: DEC 05, 2007@07:50 Req Phys: BUZANOWICZ, MARCELLA

Pat Loc: CP BUZANOWICZ (Req'g Loc) Img Loc: X-RAY MAIN (XRAY) Service: Unknown

(Case 486 COMPLETE) CHEST 2 VIEWS PA&LAT Reason for Study: See Clinical History:

(RAD Detailed) CPT:71020

Clinical History: C/P EXAM - OEF/OIF R/O ANY ACTIVE LUNG DISEASE

Report Status: Verified

Date Reported: DEC 05, 2007 Date Verified: DEC 05, 2007

Verifier E-Sig:/ES/NEIL GAMBILL

Report:
Findings: PA and lateral views are obtained. The lung fields are clear. The heart is not enlarged. Mild degenerative change noted within the thoracic spine.

Impression: 1. No active disease process is evident radiographically.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff: NEIL GAMBILL, Staff Physician (Verifier)

FOOT 3 OR MORE VIEWS

Exm Date: APR 11, 2007@12:45 Req Phys: CASTRIGNANO, DOMINIC E

\*\*\*\*\*\*\*\*\*\*

Pat Loc: ZZZCP CASTRIGNANO (Req'g Loc)

Jun 29, 2009@16:09:59 31)

MAGNETIC IMAGE, BRAIN

Exm Date: APR 29, 2008@11:48 Req Phys: HOGG, JUDITH E

Pat Loc: TBI HOGG 2HR CLINIC (Req'g Loc Img Loc: MRI Service: Unknown

(Case 389 COMPLETE) MAGNETIC IMAGE, BRAIN Reason for Study: See Clinical History:

(MRI Detailed) CPT:70551

Clinical History: WEIGHT: 193.7 lb [88.0 kg] (03/24/2008 09:11) HEIGHT: [172.7 cm] (04/26/2007 14:06)

\*\*If weight exceeds 350lbs, please order OPEN MRI BELOW

Is patient claustrophobic? No

If YES, can sedation be used for closed MRI? If YES, order OPEN MRI below

Type of MRI:

Closed Without Gadolinium CREATININE (CX-3) - NONE FOUND

Reason for request (Clinical Diagnosis):
S/P Head injury with headache, semsitivity to light and single seizure

Does the patient have a pacemaker? No

Does the patient have aneurysm clips? No

Does the veteran have anything to interfere with an MRI? (Such as electrodes, metal implants, screws, pins, hearing aids, cochlear implants, removable dental work, etc? No

#### OCCUPATION:

Has the patient ever worked with metal? Type:

Has\_the patient had metal removed from his/her eyes? No Type:

Has the patient had surgery in the past year? No When:

Type: where (body part):

Surgical Implants? Type: No

Has the patient had any previous exams to area of interest? No Type:

Any known allergies? TRAMADOL

Is patient pregnant? Not Applicable

Job 07-08 MRC Approved 4-11-07

Report Status: Verified

Date Reported: APR 29, 2008 Date Verified: APR 29, 2008

Verifier E-Sig:/ES/SCOTT GREENWALD

Report:

MISO

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Jun 29, 2009@15:44:46
  Report Display
LASKOWSKI, STANLEY P III
                                                                                                                                                                                                                      31)
  WILKES-BARRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                                                                           Peport date: Jun 29, 20
LOC: CP CAS
  LASKOWSKI, STANLEY P III
SSN:
                                                                                                                                                                                   2009@15:44
                                                                       SEX: M
                                                                                                  DOB:
 Provider: CASTRIGNANO, DOMINIC E
Specimen: URINE
Accession [UID]: UR 0418 63 [0771080063]
                                                                           Specimen Collection Date: Apr 18, 2007@09:00
Result units Ref. range Site Code
Light-Yellow
               Test name
URINE COLOR
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6993
6093
                                                                                    Clear
1.007
5.5
Neg.
                                                                                                                                            1.002 - 1.030
4.8 - 7.5
Ref: Neg.
Ref: Norm.
Ref: Neg.
Ref: Norm.
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SPECIFIC GRAVITY
              SPECIFIC GRAVITY
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URINE PROTEIN
URINE GLUCOSE, QUAL.
URINE KETONES
URINE BILIRUBIN
URINE BLOOD
NITRITE, URINE
UROBILINOGEN
LEUKOCYTE ESTERASE
URINE WBC/HPF
URINE RBC/HPF
SQUAMOUS EPITHELIAL
URINE BACTERIA
URINE YEAST
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                                                                              NoneObs
                                                                                                                                                                                              693]
                                                                              NoneObs
                    KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
Provider: CASTRIGNANO, DOMINIC E
Specimen: SERUM
Accession [UID]: CH 0418 193 [1171080193]

        Specimen Result
        Collection units
        Date: Apr 18, range
        2007@09:00

        114 H
        mg/dL
        70 - 110
        693

        8
        mg/dL
        6 - 20
        693

        1.1
        mg/dL
        0.5 - 1.2
        693

        136
        mmol/L
        135 - 145
        693

        4.2
        mmol/L
        3.6 - 5.0
        693

        104
        mmol/L
        101 - 111
        693

        24.0
        mmol/L
        21 - 31
        693

              Test name GLUCOSE
             GLUCOSE
UREA NITROGEN (CX)
CREATININE (CX)
SODIUM (CX)
POTASSIUM (CX)
CHLORIDE (CX)
             eGFR (CX)
                  FR 84 [693]
Eval: eGFR results >60 are imprecise. Many variables affect the calculate Eval: result. Interpretation of eGFR results >60 must be monitored over t Eval: Possible error with excessive BMI.
Eval: Units = ml/min/1.73m<sup>2</sup>
                  KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
                                                                                                                                                    Jun 29, 2009@15:44
LASKOWSKI, STANLEY P III
>>> Warning: Some list items lines may have been truncated. >>> This list requires 240 characters/line. >>> This device supports 132 characters/line.
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MIZI

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(3)
                                                                                   Jun 29, 2009@15:44:46
1/26/78(31)
 Report Display
LASKOWSKI, STANLEY P III
                                                     12-16
17
                                                                                                     [693]
                                                                          14 - 18
           Eval: MALES: 14-18, FEMALES:
                                                                            42 - 52
                                                                                                     [693]
                                               44.8
                                        FEMALES: 37
                                                      37-47
           Eval: MALES: 42-52,
                                                                                                     [693]
                                                                            80 - 94
                                                            u/cmm
                                        FEMALES: 32.5
34.3
12.7
208
                                                      81-99
           Eval: MALES: 80-94,
                                                                           27 - 31
33 - 37
11.5 - 14.5
130 - 400
7.4 - 10.4
40 - 60
28 - 42
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        MCHC
        RDW
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           KEY: "L"=Abnormal low, "H"=Abnormal high,
                                                                        "*"=Critical value
                                                                                 Jun 29, 2009@15:44
 LASKOWSKI, STANLEY P III
                                        CLINICAL LABORATORY REPORT
                                                                                               page 7
 Printed at:
 WILKES-BARRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                 Report date: Jun 29, 20
LOC: CP CAS
                                                                                               2009@15:44
 LASKOWSKI, STANLEY P III
                                                   DOB:
                                     SEX: M
        SSN:
Provider: CASTRIGNANO, DOMINIC E
Specimen: BLOOD
Accession [UID]: HE 0418 160 [1071080160]
                                            Specimen Collection Date: Apr 18, 2007@09:00
Result units Ref. range Site Code
7.1 K/cmm 4.8 - 10.8 [693]
4.87 M/cmm 4.7 - 6.1 [693]
PMALES: 4.2-5.4
                                                                                                 Site Code
        Test name
        WBC
       RBC
          Eval: MALES: 4.7-6.1, FEMALES:
                                                           g/dL
                                                                                                    [693]
                                                                           14 - 18
          Eval: MALES: 14-18, FEMALES:
       HGB
                                       46.8
FEMALES:
                                                                           42 - 52
                                                                                                    [693]
          Eval: MALES: 42-52,
                                                                           80 - 94
                                                                                                    [693]
                                              96.1 H
                                                          u/cmm
                                       FEMALES:
33.6
35
                                                     81-99
          Eval: MALES: 80-94,
       MCH
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33 - 37
11.5 - 14.1
130 - 400
7.4 - 10.4
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       MCHC
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       RDW
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       MPV
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EOSIN
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       BASO #
          KEY: "L"=Abnormal low, "H"=Abnormal high,
                                                                       "*"=Critical value
                                                                                 un 29, 2009@15:44
LASKOWSKI, STANLEY P III
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CLINICAL LABORATORY REPORT

Printed at:

MIZZ

page 8

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Carrie
                                             (19)
                                                                                                      Jun 29, 2009@15:44:46
1/26/78(31)
 Report Display
LASKOWSKI, STANLEY P III
                                                                                             Ref: Neg.
Ref: Neg.
Ref: Neg.
Ref: Norm
Ref: Neg.
          URINE BILIRUBIN
URINE BLOOD
NITRITE, URINE
UROBILINGEN
                                                                                                                             693
693
693
                                                         Neg.
                                                         Neg.
                                                         Neg.
2
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                                                                         EU/dL
                                                                                                      Norm.
          URUBILINGEN
LEUKOCYTE ESTERASE
URINE WBC/HPF
URINE RBC/HPF
SQUAMOUS EPITHELIAL
URINE BACTERIA
URINE MUCUS
URINE YEAST
                                                                                                                             693
                                                                                                     Neg.
Occ.
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RARE
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Ref:
                                                                          /HPF
                                                                                                                             693
                                                                                                     None
                                                         RARE
                                                                                                                             693
                                                         RARE
                                                                                                                             [693
                                                    Noneobs
                                                                                                                             693
                                                       SMALL
                                                                                                                             [693]
                                                   Noneobs
              KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
                                                                             198-66-7220 Jun 29, 2009@15:44
 LASKOWSKI, STANLEY P III
                                                 CLINICAL LABORATORY REPORT
                                                                                                                      page 5
 Printed at:
 WILKES-BARRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                                Report date: Jun 29, 20
LOC: BUZANO
 LASKOWSKI, STANLEY P III
                                                                                                                     2009@15:44
                                              SEX: M
                                                                DOB:
          SSN:
             Provider: BUZANOWICZ, MARCELLA
Specimen: SERUM
 Accession [UID]: CH 1205 90 [1173390090]
                                                      Specimen Collection Date: Dec 05, 2007@07:35
Result units Ref. range Site Code
77 mg/dL 65-99 [693]
                                                                                        Ref. range
65 - 99
65-99 mg/dL
100-125 mg/dL
>= 126 mg/dL
                                                                                                                       Site Code [693]
          Test name GLUCOSE
             Eval: Normal

Eval: Impaired Fasting Glucose

Eval: Provisional Diagnosis of Diabetes* >= 126 mg/dL

Eval:

Eval: *A diagnosis of diabetes needs to be confirmed by repeat testing on
         EVAI: Separate day.
UREA NITROGEN (CX)
CREATININE (CX)
SODIUM (CX)
POTASSIUM (CX)
CHLORIDE (CX)
                                                                       mg/dL
mg/dL
mmol/L
mmol/L
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693
693
                                                            11
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135 - 145
3.6 - 5.0
101 - 111
21 - 31
                                                          1.0
                                                          137
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693
                                                          3.8
            FR 25.0 mmol/L 21-31 [693]

Eval: eGFR results >60 are imprecise. Many variables affect the calculate Eval: result. Interpretation of eGFR results >60 must be monitored over t Eval: Possible error with excessive BMI.
          CO2 (CX)
eGFR
             Eval: Units = ml/min/1.73m^2
            KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
                                                                                                  Jun 29, 2009@15:44
LASKOWSKI, STANLEY P III
                                                CLINICAL LABORATORY REPORT
                                                                                                                    page 6
Printed at:
WILKES-BARRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                              DOB: Jan 26, 1978 LOC: BUZANO
LASKOWSKI, STANLEY P III SSN:
                                             SEX: M
            Provider: BUZANOWICZ, MARCELLA
Specimen: BLOOD
Accession [UID]: HE 1205 62 [1073390062]
                                                     Specimen Collection Date: Dec 05, 2007@07:35
Result units Ref. range Site Code
10.2 K/cmm 4.8 - 10.8 [693]
4.73 M/cmm 4.7 - 6.1 [693]
                                                                                                                     Site Code
[693]
[693]
        Test name
           10.2 K/cmm
4.73 M/cmm
Eval: MALES: 4.7-6.1, FEMALES: 4.2-5.4
        WBC
RBC
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MIZ3

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( test
                                        Jun 29, 2009@15:44:46
1/26/78(31
  Report Display
LASKOWSKI, STANLEY P III
                                                                                                                 693
693
693
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693
                                                                                     130 - 400
7.4 - 10.4
40 - 60
                                                      192
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                                                    7.4
64.7
          MPV
          NEUTRO %
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          MONO &
          EOSIN %
                                                                                           ī
          BASO & NEUTRO
                                                                                                                 693
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K/cmm
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EOSIN
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                                                                  K/cmm
K/cmm
                                                                                     0.0
                                                      0.2
                                                                                     0.0
          BASO #
             KEY: "L"-Abnormal low, "H"-Abnormal high, "*"-Critical value
 Provider: PATEL, INDUBHAI M
Specimen: SERUM
Accession [UID]: WBP 08 4862 [L308004862]
                                                  Specimen Collection Date: Feb 15, 2008@14:49
Result units Ref. range Site Cod
NEG Ref: NEG [642]
                                                                                                             Site Code
[642]
         Test name
LYME DISEASE
                DISEASE NEG Ref: NEG [642]

IF POSITIVE SEE CONFIRMATORY LYME WESTERN BLOT.
PERFORMED Philadelphia VAMC, University&Woodland Avs, Philadelphia, PA
 Comment:
                                                                             _____
             KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
                                                                                          Jun 29, 2009@15:44
 LASKOWSKI, STANLEY P III
                                             CLINICAL LABORATORY REPORT
                                                                                                           page 4
 Printed at:
 WILKES-BARRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                        Report date: Jun 29
                                                                                                          2009@15:44
 LASKOWSKI, STANLEY P III
                                                                                            LOC: PATEL
                                                         DOB:
         SSN:
                                         SEX: M
Provider: PATEL, INDUBHAI M
Specimen: SERUM
Accession [UID]: WBP 08 4861 [L308004861]
                                                 Specimen Collection Date: Feb 15, 2008@14:49
Result units Ref. range Site Code
NEG DILS Ref: NEG [642]
         Test name
ANA-PVA
 Comment: PERFORMED Philadelphia VAMC, University&Woodland Avs, Philadelphia, PA
            KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
            Provider: PATEL, INDUBHAI M
Specimen: BLOOD
Accession [UID]: SED 0215 4 [2680460004]
                                                 Specimen Collection Date: Feb 15, 2008@14:49
Result units Ref. range Site Code
mm/Hr. 0 - 15 [693]
        Test name Result
SED RATE(dc) 2
Eval: MALES: 0-15, FEMALES: 0-20
           KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
Provider: BUZANOWICZ, MARCELLA
Specimen: URINE
Accession [UID]: UR 1205 13 [0773390013]
                                              Specimen Collection Date: Dec 05, 2007@07:35
Result units Ref. range Site Cod
Yellow [693]
Clear [693]
                                                                                                           Site Code
        Test name
URINE COLOR
APPEARA
                                                                                                               693
693
693
693
       SPECIFIC GRAVI
URINE PH
URINE PROTEIN
URINE GLUCOSE,
URINE KETONES
                                                                                  1.002 - 1.030
4.8 - 7.5
Ref: Neg.
Ref: Neg.
Ref: Neg.
                                                1.018
                     GRAVITY
                                                 Neg.
                                                 Neg.
I+
                                QUAL.
```

PSIM

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Jun 29, 2009@15:44:46
1/26/78(31
  Report Display
LASKOWSKI, STANLEY P III
                                                            Specimen Collection Date: Mar 09, 2008@08:45
Result units Ref. range Site Cod
38 IU/L 7 - 58 [693]
                                                                                                                                  Site Code
[693]
           Test name
LIPASE (CX)
               KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
 Provider: DOSHI, SANJAYKUMAR J
Specimen: SERUM
Accession [UID]: CH 0309 38 [1180690038]
                                                            Specimen Collection Date: Mar 09, 2008@08:45
Result units Ref. range Site Code
9.2 mg/dL 7.9 - 9.9 [693]
103 H mg/dL 65 - 99 [693]
                                                                                                    7.9 - 9.9
65 - 90
           Test name
CALCIUM (CX)
GLUCOSE
                                                                9.2
103 H
                                                                                                65 - 99
65-99 mg/dL
100-125 mg/dL
                                                                               mg/dL
               Eval: Normal
Eval: Impaired Fasting Glucose
Eval: Provisional Diagnosis of Diabetes*
                                                                                                >= 126 mg/dL
          EVal: Provisional Diagnosis of Diabetes 91 126 mg/db

Eval: *A diagnosis of diabetes needs to be confirmed by repeat testing or

Eval: separate day.

UREA NITROGEN (CX) 5 L mg/dL 6 - 20 [693]

CREATININE (CX) 0.8 mg/dL 0.5 - 1.2 [693]

SODIUM (CX) 135 mmol/L 135 - 145 [693]

POTASSIUM (CX) 4.1 mmol/L 3.6 - 5.0 [693]

CHLORIDE (CX) 103 mmol/L 101 - 111 [693]
                                                             103
28.0
          eGFR
                                                                               mmol/L
                                                                                                                                       693
              FR 121 [693]
Eval: eGFR results >60 are imprecise. Many variables affect the calculate Eval: result. Interpretation of eGFR results >60 must be monitored over t Eval: Possible error with excessive BMI.
               Eval:
Eval:
          Eval: Units = ml/min/1.73m<sup>2</sup> PHOSPHOROUS (CX) 3.9 MAGNESIUM (CX) 1.9 TOTAL PROTEIN (CX) 6.7 ALBUMIN (CX) 4.4
                                                                              mg/dL
mg/dL
g/dL
IU/L
IU/L
                                                                                                   2.5 - 4.6
1.80 - 2.50
6.7 - 8.2
3.2 - 5.5
42 - 121
10 - 42
                                                                                                                                      693
693
693
                                                                                                                                      693
                                                                 56
29
                                                                                                                                      693
           ALK PHS
                                                                                                                                      693
           SGOT (CX)
SGPT (CX)
                                                                                                                                       693
                                                                                                        - 60
                                                                                                    10
                                                               0
                                                                                                                                       693
           TOTAL BILIRUBIN (CX)
          AMYLASE (CX)
              KEY: "L"=Abnormal low, "H"=Abnormal high,
                                                                                               "*"=Critical value
                                                                                  198-66-7220 Jun 29, 2009@15:44
LASKOWSKI, STANLEY P III
                                                    CLINICAL LABORATORY REPORT
                                                                                                                              page 3
Printed at:
WILKES-BÄRRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                                     Report date: Jun 29, 20
LOC: ER MID
                                                                                                                              2009@15:44
LASKOWSKI, STANLEY P III
                                                SEX: M
                                                                    DOB:
         SSN:
Provider: DOSHI, SANJAYKUMAR J
Specimen: BLOOD
Accession [UID]: HE 0309 33 [1080690033]
                                                          Specimen Collection Date: Mar 09, 2008@08:45
Result units Ref. range Site Code
8.1 K/cmm 4.8 - 10.8 [693]
4.60 L M/cmm 4.7 - 6.1 [693]
                                                                                                                                Site Code [693]
         Test name
         WBC
RBC
             Eval: MALES: 4.7-6.1, FEMALES: 4.2-5.4
             Eval: MALES: 14-18, FEMALES: 12-16
T
Eval: MALES: 42-52
                                                                                                       - 18
                                                                                                                                    [693]
         HGB
                                                                                                  42
                                                                                                       - 52
                                                                                                                                    [693]
             Eval: MALES: 42-52, FEMALES: 37-47
                                                           92.8
                                                                                                  80
                                                                                                       - 94
                                                                                                                                    [693]
         MCV
                                                                             u/cmm
                                                   FEMALES: 81-99
             Eval: MALES: 80-94,
                                                                                                           31
37
                                                                                                                                    693
                                                                             gm/dr
                                                           32.6
         MCH
                                                                    H
                                                                                                                                     693
                                                           35.1
13.7
                                                                                                  \frac{33}{11.5} - \frac{3}{11.5}
        MCHC
         RDW
```

MIZS

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Jun 29, 2009@15:44:46
1/26/78(31
  Report Display
LASKOWSKI, STANLEY P III
                                                       198-66-7220
  Lab Interim Report
                                            CLINICAL LABORATORY REPORT
                                                                                                        page 1
  Printed at: WILKES-BARRE VAMC (693) 1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                       Report date: Jun 29, 200
LOC: WEBSTER
  LASKOWSKI, STANLEY P III
                                                                                                        2009@15:44
                                                         DOB:
                                         SEX: M
             Provider: WEBSTER, ROBERT B
  Specimen: SERUM
Accession [UID]: CH 0324 311 [1180840311]
                                                 Specimen Collection Date: Mar 24, 2008@10:19
Result units Ref. range Site Code
6.6 L g/dL 6.7 - 8.2 [693]
4.2 g/dL 3.2 - 5.5 [693]
                                                                                                         Site Code
[693]
[693]
         Test name
TOTAL PROTEIN (CX)
         ALBUMIN (CX)
ALK PHS
SGOT (CX)
SGPT (CX)
TOTAL BILIRUBIN (CX)
                                                     .2
66
                                                                                                             693
                                                                 IU
                                                                                 42 - 121
                                                                                 10
                                                                                     - 42
                                                                IU
                                                                                                             693
                                                                                 10
                                                                                     - 60
                                                     13
                                                                TIT
                                                                                 0.2 -
                                                                mg/dL
                                                                                                              693
                                                    0.5
                                                                                       - 0.2
                                                                                                             693
                                                                mg/dL
                                                                                 0.0
         D.BILI
            KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
 Provider: WEBSTER, ROBERT B
Specimen: SERUM
Accession [UID]: CH 0324 310 [1180840310]
                                                Specimen Collection Date: Mar 24, 2008@10:19
Result units Ref. range Site Cod
7.2 L mcg/mL 50 - 100 [693]
                                                                                                        Site Code [693]
         Test name
         VALPROIC ACID
            KEY: "L"-Abnormal low, "H"-Abnormal high, "*"-Critical value
 Provider: DOSHI, SANJAYKUMAR J
Specimen: SERUM'
Accession [UID]: SEND 08 949 [1808000949]
                                                Specimen Collection Date: Mar 09, 2008@08:45
Result units Ref. range Site Cod
                                                                                                        Site Code
 Test name Résult units Ref. range Site Code DRUG SCREEN (SERUM) NEG [693]
Comment: Test performed @ PENNANT LAB SERVICES,575 N RIVER ST, WILKES-BARRE PA
            KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
            Provider: DOSHI, SANJAYKUMAR J
 Specimen: SERUM'
Accession [UID]: CH 0309 40 [1180690040]
           Specimen Collection Date: Mar 09, 2008@08:45
est name Résult units Ref. range Site Code
'HANOL 1.4 mg/dL Ref: >=0 [693]
Eval: Normal results will be reported as <5.0 mg/dL.
                                                                                                       Site Code
        Test name
ETHANOL
           KEY: "L"=Abnormal low, "H"=Abnormal high, "*"=Critical value
                                                                                     Jun 29, 2009@15:44
LASKOWSKI.STANLEY P III
                                          CLINICAL LABORATORY REPORT
Printed at:
WILKES-BARRE VAMC (693)
1111 EAST END BLVD WILKES BARRE, PA 18711
                                                                                                      page 2
                                                                    Report date: Jun 29, 20
LOC: ER MID
                                                                                                     2009@15:44
LASKOWSKI, STANLEY P III
                                       SEX: M
                                                      DOB:
        SSN:
Provider: DOSHI, SANJAYKUMAR J
Specimen: SERUM
Accession [UID]: CH 0309 39 [1180690039]
```

		<b>*</b>
MEDICAL RECORD	CONSULTATION SHEE	T Page 1 of 1
Consult Request: Consult		Consult No.: 749537
To: WB CLERICAL SUPPORT FOLLOWUP FO From: ZZZGROUP: PSYCH DOOLEYI	OR ORDERS-ADMIN CON I/AM   Req	NSULT quested: 04/11/2007 5:33 pm
Requesting Facility: WILKES-BARRE	/AMC	**************************************
Current Primary Care Provider: PATI Current Primary Care Team: GENI	RAL MEDICINE	
REASON FOR REQUEST: (Complaints and SERVICE CONNECTED & - NONE FOUND RATED DISABILITIES - NONE FOUND PERIOD OF SERVICE - PERSIAN GULF WA	AR .	
Reason for Request: NA in "group: 16 6pts/group max-per MD	osych dooley II scr	ceen", in 2+wks,
Orders have been placed on LASKOWSE Please review chart and schedule as SCHEDULE FOLLOW-UP APPT	I,STANLEY P III on propriately the fo	liowing:
CLINICIANS: Please remember that i patient, you need to enter them intoutpatient!!		y any test on the would do on an
PROVISIONAL DIAG:		
REQUESTED BY: DOOLEY, MATTHEW STAFF PSYCHOLOGIST BEHAVIORAL SVCS	PLACE: Consultant's choi	.ce URGENCY: Routine
(Pager: 112) (Phone: 7677)	Outpatient	
C H A R T ****** Unknown Signifi	COPY cant Findings ****	***
No Consultation R	esults available.	
/Administrative C	•	
(Administrative C Entered by: YENCHO, JILL A - 04 Responsible Person: YENCHO, JIL Entered at: WILKES-BARRE VAMC this apt can only be made by mhc st	/12/2007 9:11 am L A aff\ closing wb	
•		
AUTHOR & TITLE:	27	DATE:
ID #: ORGANIZATION: WILKES-BA		LOC: ZZZGROUP: P
LASKOWSKI, STANLEY P III SERVICE CO	ONNECTED 50% to 100	O% SC VETERAN NSULTATION SHEET

Phone:

MEDICAL RECORD   CONSULTATION SHEET Page 1 of 1  Consult Request: Consult     Consult No.: 816510  To: WB CLERICAL SUPPORT POLLOWUP FOR ORDERS-ADMIN CONSULT From: ZZZFCT GROUP FOR CONDERS-ADMIN CONSULT Requested: 12/06/2007 10:50 s  Requesting Facility: WILKES-BARRE VAMC CUrrent Primary Care Team GENERAL MEDICINE  REASON FOR REQUEST: (Complaints and findings)  REASON FOR REQUEST: (Complaints and findings)  REASON FOR REQUEST: (Complaints and findings)  SINVICE CONNECTED * 60  BUSSIFIED 10 SC					استقا		
Consult Request: Consult  TO: WS CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT TO: WS CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT TO: WS CONSULT Requesting Facility: WILKES-BARRS VAMC  CUrrent Primary Care Provider: PATHI, INDUBHAI M  REMSON FOR REQUEST: (Complaints and findings)  SERVICE CONNECTED \$ COMPLETED SERVICE CONSULTING SERVICE CONNECTED \$ COMPLETED SERVICE CONSULTING SERVICE CONSULTING SERVICE CONSULTING SERVICE PERSIAN GULF WAR  REASON FOR REQUEST: NA in Docley II, before 4pm-per MD  Orders have been placed on LASKOWSKI, STANLEY P III on Dec. 6, 2007. Please review chart and schedule appropriately the following:  SCHEDULE FOLLOW-UP APPT  CINICIANS: Please remember that if you are ordering any test on the patient, you need to enter them into CFRS as if you would do on an outpatient;  PROVISIONAL DIAG:  PROVISIONAL DIAG:  REMOUSTED BY:  DOUGLEY MATTHEM  STAFF PSYCHOLOGIST BEHAVIORAL SVCS (CONSULTANT'S choice SERVICE RENDERED AS:  OUTPATIENT STATEMENT OF STANLEY PIN SERVICE SENDERED AS:  OUTPATIENT STANLEY POWER SERVICE CONNECTED SO! TO SE VETERAN  UTHOR 4 TITLE:  DATE:  DATE:  DATE:  DATE:  DATE:  LOC: ZZZPCT GROU  ASKOMSKI, STANLEY P III SERVICE CONNECTED SO! to 100% SC VETERAN	MEDICAL		<u> </u>	CONSULTATION	SHEET	Page 1	of 1
TO: WS_CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT From: ZZZPCT GROUP FM   Requested: 12/06/2007 10:50 a Requesting Facility: WILKES-BARRE VAMC  Current Primary Care Provider: PATEL, INDUSEAL M Current Primary Care Team: GENERAL MEDICINE REASON FOR REQUEST: (Complaints and findings)  REASON FOR REQUEST: (Complaints and findings)  SERVICE CONNECTED * -60  BURSITIS 10* SC BU					V 1		
Requesting Facility: WILKES-BARRE VAMC Current Primary Care Provider: PATEL, INDUBHAI M Current Primary Care Pream: GENERAL MEDICINE  REASON FOR REQUEST: (Complaints and findings)  SERVICE CONNECTED % - 600  TINNITUS 10% SC BURSTITS PROVINGLICHONIC PATELOR OF SC BURSTITS STEPPING UNIT OF SC BURSTITS 10% SC BURSTITS 10% SC BURSTITS PATELOR OF SC BURSTITS 10% SC	To: WB CLERIC From: ZZ	AL SUPPORT ZPCT GROUP	PM		CONSULT		
REAGON FOR REQUEST: (Complaints and findings)  SERVICE CONNECTED \$ -60  SERVICE RENDERED AS:  SOUTH AND THEM STAFF SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THEM SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE							
REAGON FOR REQUEST: (Complaints and findings)  SERVICE CONNECTED \$ -60  SERVICE RENDERED AS:  SOUTH AND THEM STAFF SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THEM SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE CONNECTED 50 \$ -60  SERVICE RENDERED AS:  SOUTH AND THE SERVICE	Current Prima: Current P	ry Care Pro rimary Care	vider: PATE Team: GENE	L. INDUBHAI M RAL MEDICINE			
BURSITIS 10% SC BURSITIS 10% SC LIMITED ENTRESSION OF FORRARM 20% SC LIMITED ENTRESSION OF FORRARM 20% SC MALUNION OF ANKER  SCS-TRAUMATOT STRESS DISORDER 100% SC PERIOD OF SERVICE - PERSIAN GULF WAR  Reason for Request: NA in Dooley II, before 4pm-per MD  Orders have been placed on LASKOWSKI, STANLEY P III on Dec 6, 2007. Please review chart and schedule appropriately the following: SCHEDULE FOLLOW-UP APPT  CLINICIANS: Please remember that if you are ordering any test on the Datient, you need to enter them into CPRS as if you would do on an Outpatient!  PROVISIONAL DIAG: REQUESTED BY: DOOLEY, MATTHEW TORKING BEHAVIORAL SVCS (Rager: 1127) (Phone: 7677)  CH A R T C O P Y SCHEDULE REMOVER AS: Outpatient  No Consultation Results available.  CH A R T C O P Y SCHEDULE REMOVER AS: Outpatient  No Consultation Results available.  CH A R T C O P Y SCHEDULE REMOVER AS: Outpatient  No Consultation Results available.  Entered by: CRUZ, ROXANNE SCHEDULE COMMENT Extered Act; FLKES-BARKE VAMC  JUTHOR & TITLE:  DATE: DATE: DATE: DATE: DATE: DATE: LOC: ZZZPCT GROU  ASKOWSKI STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN							
Reason for Request: NA in Dooley II, before 4pm-per MD  Orders have been placed on LASKOWSKI, STANLEY P III on Dec 6,2007.  Please review chart and schedule appropriately the following:  SCHEDULE FOLLOW-UP APPT  CLINICIANS: Please remember that if you are ordering any test on the patient, you need to enter them into CPRS as if you would do on an OUTpatient!!  PROVISIONAL DIAG:  REQUESTED BY:  REQUESTED BY:  REQUESTED BY:  REQUESTED BY:  REQUESTED BY:  (Consultant's choice SERVICE RENDERED AS:  Outpatient  Outpatient  No Consultation Results available.  CHART COPY  ***********************************	BURSITIS 10% BURSITIS 10% LIMITED EXTENS MALUNION OF AN SINUSITIS, FROM POST-TRAUMATIO	SC SC SION OF FOR VKLE 0% S VTAL, CHRONI STRESS DI	C C 10% SC SORDER 100	* SC			•
CLINICIANS: Please remember that if you are ordering any test on the patient, you need to enter them into CPRS as if you would do on an outpatient!  PROVISIONAL DIAG:  PROVISIONAL DIAG:  REQUESTED BY: DOOLEY, MATTHEW STAFF PSYCHOLOGIST BEHAVIORAL SVCS (Consultant's choice SERVICE RENDERED AS: Outpatient  C H A R T C O P Y  **********************************					per MD		
PROVISIONAL DIAG:  REQUESTED BY: DOOLEY, MATTHEW STAFF PSYCHOLOGIST BEHAVIORAL SVCS (Pager: 112) (Phone: 7677)  C H A R T C O P Y ********* Unknown Significant Findings *******  No Consultation Results available.  (Administrative Complete Comment) Entered by: CRUZ, ROXANNE - 12/06/2007 12:28 pm Responsible Person: CRUZ, ROXANNE SITE STATE VAMC  Given to lead clerks  UTHOR & TITLE:  DATE:  DA	Orders have be Please review SCHEDULE FOLLO	en placed chart and W-UP APPT	on LASKOWSK schedule app	I,STANLEY P III	on Dec 6 followin	,2007. Ig:	
PROVISIONAL DIAG:  REQUESTED BY: DOOLEY, MATTHEW STAFF PSYCHOLOGIST BEHAVIORAL SVCS (Pager: 112) (Phone: 7677)  C H A R T C O P Y  ********* Unknown Significant Findings *******  No Consultation Results available.  C Administrative Complete Comment) Entered by: CRUZ, ROXANNE - 12/06/2007 12:28 pm Responsible Person: CRUZ, ROXANNE given to lead clerks  UTHOR & TITLE:  D   DATE:	CLINICIANS: F patient, you n outpatient!!	lease reme leed to ent	mber that is er them into	f you are order o CPRS as if yo	ring any t ou would d	est on th o on an	
REQUESTED BY: DOCLEY,MATTHEW STAFF PSYCHOLOGIST BEHAVIORAL SVCS (Pager: 112) (Phone: 7677)  C H A R T C O P Y  ********* Unknown Significant Findings *******  No Consultation Results available.  (Administrative Complete Comment) Entered by: CRUZ,ROXANNE - 12/06/2007 12:28 pm Responsible Person: CRUZ,ROXANNE Entered at: WILKES-BARRE VAMC given to lead clerks  UTHOR & TITLE:  D #: [ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU  ASKOWSKI.STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN	PROVISIONAL DI	1.4					
No Consultation Results available.  (Administrative Complete Comment) Entered by: CRUZ, ROXANNE - 12/06/2007 12:28 pm Responsible Person: CRUZ, ROXANNE Entered at: WILKES-BARRE VAMC given to lead clerks  UTHOR & TITLE:    DATE:   ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU	DOOLEY, MATTHEW STAFF PSYCHOLO	•	CORAL SVCS	Consultant's of SERVICE RENDER			
No Consultation Results available.  (Administrative Complete Comment) Entered by: CRUZ, ROXANNE - 12/06/2007 12:28 pm Responsible Person: CRUZ, ROXANNE Entered at: WILKES-BARRE VAMC given to lead clerks  UTHOR & TITLE:  D#: ORGANIZATION:WILKES-BARRE VAMC   REG #:   Loc: ZZZPCT GROU  ASKOWSKI, STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN			C H_A R.T.	COPY,			
(Administrative Complete Comment) Entered by: CRUZ,ROXANNE - 12/06/2007 12:28 pm Responsible Person: CRUZ,ROXANNE Entered at: WILKES-BARRE VAMC given to lead clerks    DATE:   ORGANIZATION:WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU	**		-				
UTHOR & TITLE:    DATE:   DATE:   LOC: ZZZPCT GROU							
UTHOR & TITLE:   DATE:  D #:   ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU  ASKOWSKI, STANLEY P III   SERVICE CONNECTED 50% to 100%   SC VETERAN	Entered by Responsible Entered at given to lead	(Admini y: CRUZ,ROX le Person: : WILKES-B clerks	strative Co ANNE - 12/0 CRUZ,ROXANN ARRE VAMC	mplete Comment 672007 12:28 pt E	) m	·	
UTHOR & TITLE:   DATE:  D #:   ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU  ASKOWSKI, STANLEY P III   SERVICE CONNECTED 50% to 100%   SC VETERAN							
UTHOR & TITLE:   DATE:  D #:   ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU  ASKOWSKI, STANLEY P III   SERVICE CONNECTED 50% to 100%   SC VETERAN							
UTHOR & TITLE:   DATE:  D #:   ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU  ASKOWSKI, STANLEY P III   SERVICE CONNECTED 50% to 100%   SC VETERAN							
D #: ORGANIZATION: WILKES-BARRE VAMC   REG #:   LOC: ZZZPCT GROU   ASKOWSKI.STANLEY P III   SERVICE CONNECTED 50% to 100%   SC VETERAN	UTHOR & TITLE:				Date.	<b>.</b>	**********
ASKOWSKI.STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN	D #:   OR	GANIZATION				OC: ZZZPC	r grou
COMMUNITATION CHIEF!				NECTED 50% to	100% SC	VETERAN	

Phone:

MEDICAL RECORD	CONSULTATION SHEET	Page 2 of 2
Consult Request: Consult		Consult No.: 825288

(Added Comment)

Entered by: SCHIEL, TAMI A - 01/29/2008 3:53 pm
Responsible Person: SCHIEL, TAMI A
Entered at: WILKES-BARRE VAMC
Received consultation report from Dr. Feinstein's office for 1-23-08 appt; sent to scanning.

(Added Comment)

Entered by: SCHIEL, TAMI A - 02/29/2008 8:38 am
Responsible Person: SCHIEL, TAMI A
Entered at: WILKES-BARRE VAMC
received progress notes from authorized follow-up appt. Hand carried to scanning for review. Thank you.

MIZ9

MEDICAL RECORD	CONSULTATION	SHEET	Page 1 of 2	
Committee Committee			sult No.: 82	
To: ORTHOPEDIC-OUTPATIENT From: ZZZPATEL I PRICARE		Requested	: 01/09/2008	9:47 am
Requesting Facility: WILKES-BARRE VACUUTION Primary Care Provider: PATEI Current Primary Care Team: GENER	AMC ====================================			
REASON FOR REQUEST: (Complaints and SERVICE CONNECTED % - 60 TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% SMALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 100% PERIOD OF SERVICE - PERSIAN GULF WAR	findings) GC BC			
COMBAT SERVICE - NO Is patient an OEF/OIF returnee? No 29 y/o male with Right Hip: 1. Greater trochanteric bursitis. 2. Probable sciatica with radiati knee. pt seen by Dr.Lovernik for compensa an orthopedic evaluation would be b patient. please evaluate and advise			o the	
PROVISIONAL DIAG: bursitis/sciatica				
PATEL, INDUBHAI M STAFF PHYSICIAN, PRIMARY CARE	PLACE: Consultant's of SERVICE RENDER Outpatient	choice RED AS:	URGENCY: Routine	
C H A R T ****** Unknown Signific No Consultation Re	C O P Y ant Findings *	*****		•••••
(Added Con Entered by: MEEHAN, ROMAYNE E - Responsible Person: MEEHAN, ROMAY Entered at: WILKES-BARRE VAMC sent to g.thirty today 9313740	01/10/2008 9:3	6 am		
(Administrative Con Entered by: SCHIEL, TAMI A - 01/1 Responsible Person: SCHIEL, TAMI Entered at: WILKES-BARRE VAMC Pt is scheduled with Dr. Peter Feinst Street, WB on January 23, 2008 @ 0920			50 Mundy	
				=======
	130	DATE:		
D #: ORGANIZATION: WILKES-BARR		<del></del>	OC: ZZZPATEL	I
ASKOWSKI. STANLEY P III SERVICE CON	NECTED 50% to	CONSULTAT	VETERAN ION SHEET Porm 513 (Rev	9-77)
	Phone:			-

MEDICAL RECORD

CONSULTATION SHEET

Page 3 of 3

Consult Request: Consult

Consult No.: 837421

(Scheduled Comment)
Entered by: NAYLOR, SANDRA A - 02/15/2008 2:26 pm
Responsible Person: PATEL, INDUBHAI M
Entered at: WILKES-BARRE VAMC
PT-AMS/2ND FLR SILVER AREA Consult Appt. on 02/27/08 @ 08:00 sam

(Status Change Comment)
Entered by: NAYLOR, SANDRA A - 02/25/2008 12:14 pm
Responsible Person: PATEL, INDUBHAI M
Entered at: WILKES-BARRE VAMC
PT-AMS/2ND FLR SILVER AREA Appt. on 02/27/08 @ 08:00 was cancelled by the Patien

Remarks: sam

(Scheduled Comment)
Entered by: NAYLOR, SANDRA A'- 02/25/2008 12:14 pm
Responsible Person: PATEL, INDUBHAI M
Entered at: WILKES-BARRE VAMC
PT-AMS/2ND FLR SILVER AREA Consult Appt. on 03/07/08 @ 14:00

sam

MEDICAL RECORD

CONSULTATION SHEET

Page 2 of 3

Consult Request: Consult

Consult No.: 837421

Consultation Results #6220009 continued.

PERIOD OF SERVICE - PERSIAN GULF WAR

D: 30 y/o male vet, 5'8" and 192#, referred to PT for intermittent pain R upper traps/levator scapula/rhomboid minor area, started after reaching for something approx. 5 months ago. NSC visit.

PMHx: 10% SC tinnitus, 10% SC bursitis, 20% SC limited extension of forearm, 0% SC malunion of ankle, 10% SC chronic frontal sinusitis, 100% SC PTSD, h/o seizure activity, adjustment disorder, skin rashes, R hip bursitis, L hip greater trochanteric bursitis, R arm fx, R heel spur, hearing loss, concussion sec. to MVA '94, nicotine dependence, opioid abuse in past

Pt. presented to clinic ambul. without AD, AAOx3, cooperative. Does not appear to be in any acute distress. Reports having no pain at this time but does get pain/spasms with reaching/pushing activities involving his UE's. Was prescribed tylenol #3 but pt. states he doesn't like to it. Has tried capsacin but can not tolerate it because of it tends to cause a burning feeling. Using applications of heat has been helpful. Pt. does not work, on disability for PTSD. Denies paresthesia b/l UE's.

Posture: sits slumped w/drooping of shoulders

Cervical AROM: all motions WNL's, symptom free

b/1 UE's WFL's with 4+/5 strength

DTR's: b/l UE's intact and appear symmetrical

Sensation: b/l UE's intact to crude/light touch, denies paresthesia

trigger point tenderness noted at R levator scapula/rhomboid minor and R upper trap areas, tightness also noted R upper traps Palpation:

Assess: pt. with c/o intermittent spasms R side of neck sec. to postural deficits/muscle strain, palpable trigger points noted R upper traps/rhomboid minor areas

Pt's goal: resolve episodic spasms R side of neck

resolve episodic spasms R side of neck (upper traps, levator scapula rhomboid minor areas)
pt. to demonstrate better postural awareness
I HEP PT qoals:

Plan: Tips on improving postural awareness were discussed w/pt. Also advised continuation of home applications of heat f/b self stretching techniques. Cervical retraction, levator scapula stretch, upper traps stretch, and lower cervical/upper thoracic stretch were instructed. 5 sec. hold, 10 reps 2-3x/day. Ex. handout issued. Will f/u in 3-4 wks.

Potential: good Frequency and Duration: PT eval plus f/u x 1 session.

Length of today's visit = 35 min. (initial PT eval = 20 min.)
(15 min. ex. instructions/pt. education)

Statement of Certification: I certify the need for these services furnished under this Plan of Treatment and while under my care.

/es/ CHRISTINE V CAPUTO,PT Physical Therapist Signed: 03/07/2008 15:42

/es/ INDUBHAI M PATEL, MD STAFF PHYSICIAN, PRIMARY CARE Cosigned: 03/07/2008 16:24

			(C)		
MEDICAL RECORD		CONSULTATION	SHEET	Page 1 of	3
To: PHYSICAL THERAPY- From: ZZZPATEL I					
man management and a defense.	WITT WOOD DADDE I	776.84677			
Current Primary Care Current Primary C	Provider: PATE are Team: GENE	EL INDUBHAI M ERAL MEDICINE			
REASON FOR REQUEST: (SERVICE CONNECTED % -					
TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF MALUNION OF ANKLE 0% SINUSITIS, FRONTAL, CHR POST-TRAUMATIC STRESS PERIOD OF SERVICE - P	SC				
COMBAT SERVICE - NO Is patient an OEF/OIF	returnee? No				
Reason for Request: rhomboid region, oterwise normal with negative rotator cuff this appears not resolved as perfectly to resolve and advise.	_		op test a rained mu t he sho ortho, p	nd intact scle that uld start lease	
PROVISIONAL DIAG: rt s	shoulder strain	n			
REQUESTED BY: PATEL, INDUBHAI M STAFF PHYSICIAN, PRIMA (Pager: 272) (Phone: 4885)	RY CARE	PLACE: Consultant's c SERVICE RENDER Outpatient	hoice	URGENCY: Routine	
	CHART	СОРУ	ar xu an us an as as as as as		
_				•	
. (	ONSULTATION NO	TE #6220009			
LOCAL TITLE: CONSULTA STANDARD TITLE: CONSUL DATE OF NOTE: MAR 07, AUTHOR: CAPUTO, C URGENCY:	T	ENTRY DATE: MARIE : MA	AR 07, 200 ATEL, INDUB MPLETED	8@15:41:39 HAI M	
SERVICE CONNECTED % - TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF F MALUNION OF ANKLE 0% SINUSITIS, FRONTAL, CHRO POST-TRAUMATIC STRESS	OREARM 20% S SC NIC 10% SC				
AUTHOR & TITLE:			DATE:		
	ON: WILKES-BAR			C: ZZZPATEI	I
LASKOWSKI STANLEY P II	SERVICE CO	NNECTED 50% to	100% SC CONSULTATI		
		Phone:		513 (Re	v 9-77)

MEDICAL RECORD | CONSULTATION SHEET Page 4 of 4

Consult Request: Consult | Consult No.: 844478

(Scheduled Comment)
Entered by: JOHNSON, SANDRA L - 03/10/2008 8:35 am
Responsible Person: DOSHI, SANJAYKUMAR J
Entered at: WILKES-BARRE VAMC
TBI HOGG Consult Appt. on 03/24/08 @ 09:00
TBI

(Added Comment)
Entered by: JOHNSON, SANDRA L - 03/17/2008 8:55 am
Responsible Person: JOHNSON, SANDRA L
Entered at: WILKES-BARRE VAMC
Certified appt reminder for 3/24/ scanned and mailed

(Added Comment)
Entered by: JOHNSON, SANDRA L - 03/24/2008 1:59 pm
Responsible Person: JOHNSON, SANDRA L
Entered at: WILKES-BARRE VAMC
Certified confirmation receipt for appt 3/24/08

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CONSULTATION SHEET Page 3 of 4
                       MEDICAL RECORD
                                                                                                                                                                                                                               |Consult No.: 844478
 Consult Request: Consult
                                                                                        Consultation Results #6262419 continued.
Weight 193.7 lbs. Pulse 96 Resp 18 Blood Pressure 112/75
Mental status was normal. Examination of cranial nerves II-XII was also normal. Pupils were equal, round, reactive to light and accommodation. There was no visual field defect on confrontation testing. Facial strength was normal. His visual field defect on conversational speech. He was able to hear 128 cps and hearing was normal for conversational speech. He was able to hear 128 cps and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and 256 cps tuning forks in each ear. Weber test 
                                 History of at least two episodes of exposure to blast injury while in Iraq, with one episode of brief loss of consciousness. Subsequent symptoms are consistent with both TBI and PTSD. He has been treated for PTSD.
  ASSESSMENT
                                  Normal neurologic examination today.
   2.
                                 Neuropsych testing.
Keep EEG appointment already scheduled.
Repeat audiometrics.
MRI scan of the brain.
Follow-up appointment after testing is completed.
   PLAN:
  2.
  /es/ JUDITH E HOGG
Staff Neurologist
Signed: 03/24/2008 11:37
  Receipt Acknowledged By: /es/ INDUBHAI M PATEL, MD 03/26/2008 08:58 /es/ INDUBHAI M PATEL, MD STAFF PHYSICIAN, PRIMARY CARE
                                                                                                                                                                       STATUS: COMPLETED
   03/27/2008 ADDENDUM
 Plan:
1. Neuropsych testing (Consult placed, not scheduled yet).
2. MRI Brain (4/1/08)
3. EEG to eval seizures
4. Repeat audiometric testing (Not ordered yet).
5. F/U with TBI after above etsting completed.
Goal:
1,2,5 - Dx & tx ? TBI
3 - Eval seizures
4 - Eval hearing impairment
  /es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
Signed: 03/27/2008 10:10
                                                                                                 /es/ Colleen M. Kaskel, MSN, RN
Acting OIF/OEF Program Coordinator
/es/ A C GERMAIN-TUDGAY
Supervisor, PMR/ASP
/es/ ALAN KURLANSKY, LCSW, BCD
/es/ Patricia L. Farrell, Psy.D.
Clinical Psychologist
/es/ MAURA E BANFORD
OCCUPATIONAL THERAPIST
/es/ ERIK B PEARSON, MSPT
PHYSICAL THERAPIST
/es/ JUDITH E HOGG
Staff Neurologist
   Receipt Acknowledged By: 03/27/2008 14:19
   03/31/2008 06:40
   03/27/2008 10:11
   03/27/2008 15:11
   03/27/2008 14:58
   03/27/2008 11:25
   03/28/2008 17:34
  LASKOWSKI, STANLEY P III SERVICE CONNECTED 50% to 100%
                                                                                                                                                                                                                                   SC VETERAN
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MEDICAL RECORD

CONSULTATION SHEET

Page 2 of 4

Consult Request: Consult

|Consult No.: 844478

Consultation Results #6262419 continued.

PERIOD OF SERVICE - PERSIAN GULF WAR

The patient is a 30 year old man referred for consultation because of possible TBI sustained while on duty in Iraq. The history was obtained from the patient and from review of the medical record.

The patient served in Iraq in the Marine Corps from March through July, 2003. He was in the first invasion wave, and remembers several incidents when he was exposed to blasts. He remembers two incidents well. In the first instance, he was near a tank when the tank began to fire. He was thrown to the ground, as were other people in his patrol group. He was unconscious for perhaps a few seconds. His memory is fuzzy for the events just before the blast, and for a few seconds after the blast. He did not have any external or visible injury to his head. His leg was grazed by a piece of shrapnel. When he picked himself up from the ground, he went to help others who were still unconscious. He helped them to wake up. The second instance was also in relation to tank fire. A tank thad shelled a building. The force of the blast stumned the patient who was nearby. The patient served in Iraq until July, 2003. Since returning to the United States, he has been aware of many symptoms including dizziness, memory loss, poor balance, poor coordination, and impaired ability to sleep. He has been told that he has post-traumatic stress disorder, which is being treated. For a while, he was on Prozac and Tramadol. Last month, while on the two medications, he had a grand mal seizure. CT scan of the head was normal. The patient was taken off both medications, and started on Depakote. He could not tolerate Depakote, and the medication has now been discontinued. He is scheduled for an EEG soon. He has not had an MRI scan of the brain. When he was seen recently in the emergency room, he was asked about brain injury. TBI questionnaire results led to the request for TBI consultation.

At present, the patient is troubled by several neurologic symptoms. He has severe forgetfulness. He has poor concentration and is easily distracted from tasks. He also has been aware that his thinking ability is slowed, he is disorganized, and he is unable to finish projects. He has moderate difficulty making decisions. He also reports dizziness, which he describes as a spinning making decisions. He also reports dizziness, which he describes as a spinning sensation accompanied by "blacking out" of his peripheral vision. Dizziness is not accompanied by nausea or vomiting although he does have unexplained vomiting at other times. His balance is poor. He feels unsteady when first standing up, and unsteady when climbing stairs. He has poor coordination. He has what he says is a migraine headache every day. He takes Excedrin Migraine twice per day. The headaches are accompanied by nausea and vomiting. He has sensitivity to light. When he first sees daylight, it feels like a "shock wave" in his eyes and head. He has trouble with hearing. Although audiometrics one year ago showed no significant hearing loss, the patient says that he can not hear his wife when she speaks, but reads her lips. Without the monitor near him, he does not hear his baby cry. He has lost his senses of smell and taste. His appetite remains good. He has difficulty falling asleep and staying asleep. He feels tense and anxious, as well as depressed. He is irritable, being easily annoyed. He also has poor frustration tolerance, and is easily overwhelmed by things.

PAST MEDICAL HISTORY: PTSD; Hip pain; Polysubstance dependence; concussion in 1994 secondary to MVA.

MEDICATIONS: Excedrin Migraine; Risperdone; Tylenol #3; Hydroxyzine; Multivitamins.

He has no known allergies.

FAMILY HISTORY: Gout, peripheral vascular disease, alcohol and drug abuse.

SOCIAL HISTORY: He is married, lives with his wife and three children, ages 5, 3 and 9 months. The patient is not working outside the home. His wife is working, and the patient is taking care of the children.

REVIEW OF SYSTEMS: Otherwise, negative.

EXAMINATION: The patient was alert, cooperative, and in no distress. Behavior was normal.

LASKOWSKI, STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN

MEDICAL RECORD		CONSULTATION	SHEET	Page 1 of 4
Consult Request: Cons			Con	sult No.: 844478
To: TBI (TRAUMATIC BE From: ER (MIDNIC	AIN INJURY) HT) CLINIC		Requested	: 03/09/2008 6:26 am
Requesting Facility:	WILKES-BARRE V	AMC		
Current Primary Care Current Primary	are Team: GENE	RAL MEDICINE		
REASON FOR REQUEST: SERVICE CONNECTED &	Complaints and	findings)		
TINNITUS 10% SC BURSITIS 10% SC				
BURSITIS 10% SC LIMITED EXTENSION OF	FOREARM 20%	sc		
SINUSITIS, FRONTAL, CHE POST-TRAUMATIC STRESS PERIOD OF SERVICE - P	ONIC 10% SC DISORDER 100	% SC R		
COMBAT SERVICE - NO Is patient an OEF/OIF				
Reason for Request:			us explosi	ve and clamis
he had "		ME BY DE DOCU	ר נוגווושם פס	አ ጥጥ ENTIT TNICE
concussion " please refer TBI SCR NOTE . PLEASE REVIEW	AND ADVISE			
PROVISIONAL DIAG: TBI				
REQUESTED BY:		PLACE: Consultant's	choice	URGENCY: Routine
STAFF, PHYSICIAN (CARDI (Pager: 814) (Phone: 7524)	OLOGY) MEDICAL	SERVICE RENDER Outpatient	RED AS:	
	CHART	COPY		. 40. 100. 400. 400. 400. 400. 400. 400.
	CONSULTATION NO			
		)IE #(020241)		
LOCAL TITLE: CONSULT STANDARD TITLE: CONSU DATE OF NOTE: MAR 24,	6 <b>T</b>	ENTRY DATE: M	AR 24. 200	8@10:31:10
AUTHOR: HOGG, JUI URGENCY:	DÎTH E	EXP COSIGNER: STATUS: C		
*** CONSULTATION R	EPORT Has ADDEN	IDA ***		
SERVICE CONNECTED % - FINNITUS 10% SC SURSITIS 10% SC	60			
BURSITIS 10% SC LIMITED EXTENSION OF I	FOREARM 20% S	c		
ALUNION OF ANKLE 0% SINUSITIS, FRONTAL, CHRO POST-TRAUMATIC STRESS	SC NIC 10% SC			
UTHOR & TITLE:		( < )	DATE:	**********
D #:  ORGANIZAT	ION: WILKES-BAR	RE VAMC REG		DC: ER (MIDNIGH
ASKOWSKI.STANLEY P II			100% SC CONSULTAT	VETERAN CON SHEET
			Standard I	orm 513 (Rev 9-77)

Phone

MEDICAL RECORD

CONSULTATION SHEET

Page 2 of 2

Consult Request: Consult

|Consult No.: 844909

Consultation Results #6371775 continued.

## OUTPATIENT EEG REPORT

The EEG was performed with the patient in the alert, awake, drowsy, and sleep state.

Hyperventilation and photic stimulation were performed. The EKG lead is nonoperable.

A 20-channel EEG was performed according to the above technique. The study demonstrates awake and background rhythm of 9-10 Hz, posteriorly predominant alpha activity. Much of the anterior leads demonstrate high frequency and low amplitude beta activity, which may be related to medications, the patient is on clonazepam. The tracing demonstrates some eye movement artifact. No definite focal or epileptiform features are seen. The tracing slows during periods of presumed drowsiness and light sleep, photic stimulation and hyperventilation failed to provide significant further pathologic information.

During drowsiness, an occasional sharper wave form is seen, felt to represent a sharp transient. The technician reports brief sharp myoclonic-type discharges which are not focal and not repetitive and are not associated with any observable motor activity. Strict clinical correlation is required.

## IMPRESSION:

No definite focal or epileptiform features.

Clinical correlation is required.

Basically, a normal EEG.

d- 4-29-2008 12:25 p.m. t- 4-29-2008 3:00 p.m. TA2 #140997

/es/ JOHN P FEERICK, MD, FAHA Neurologist/Medical Svc Signed: 04/30/2008 07:13

(Administrative Complete Comment)
Entered by: LONGMORE, FLORENCE - 03/10/2008 2:13 pm
Responsible Person: LONGMORE, FLORENCE
Entered at: WILKES-BARRE VAMC
SCHEDULED 3-24-08 AT 10AM TO CORRELATE WITH EXSISTING APPT.

(Added Comment)
Entered by: LONGMORE, FLORENCE - 03/13/2008 9:21 am
Responsible Person: LONGMORE, FLORENCE
Entered at: WILKES-BARRE VAMC
Moved to 3-31-08 to correlate with PT appt.

(Added Comment)

Entered by: LONGMORE, FLORENCE - 04/07/2008 10:15 am
Responsible Person: LONGMORE, FLORENCE
Entered at: WILKES-BARRE VAMC
Patient called he will like his EEG rescheduled to 4-29@ 9:30 to correlate with MHC and MRI appts, done.

LASKOWSKI, STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN

		Cine	
	CONSULTATION	SHEET	Page 1 of 2
Consult Request: Consult		Con	sult No.: 844909
To: EEG-OUTPATIENT From: ZZZPATEL I PRICARE			: 03/10/2008 2:06 pm
Requesting Facility: WILKES-BARRE V Current Primary Care Provider: PATE Current Primary Care Team: GENE	AMC		3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
REASON FOR REQUEST: (Complaints and SERVICE CONNECTED % - 60			
TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 100 PERIOD OF SERVICE - PERSIAN GULF WA PERIOD OF SERVICE - PERSIAN GULF WA	SC % SC R R	·	,
COMBAT SERVICE - NO Is patient an OEF/OIF returnee? No			
Reason for Request: 30 y/o male wi	th seizure on t		
PROVISIONAL DIAG: seizure			
STAFF PHYSICIAN, PRIMARY CARE (Pager: 272)	PLACE: Consultant's of SERVICE RENDER Outpatient	i	URGENCY: Routine
C H A R T ****** Unknown Signific	C O P Y cant Findings *	*****	
CONSULTATION NO	YTE #6371775		
LOCAL TITLE: CONSULTATION REPORT STANDARD TITLE: CONSULT DATE OF NOTE: APR 29, 2008@09:30 AUTHOR: FEERICK, JOHN URGENCY:	ENTRY DATE: A EXP COSIGNER: STATUS: C	-	8@15:49:50
SERVICE CONNECTED % - 60 FINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% S MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 100% PERIOD OF SERVICE - PERSIAN GULF WAR	· sc		
CONSULTATION #844909			
DATE OF EXAMINATION: April 29, 2008			
UTHOR & TITLE:	.39	DATE:	
D #: ORGANIZATION: WILKES-BAR			C: ZZZPATEL I
ASKOWSKI, STANLEY P III SERVICE CO	NNECTED 50% to	CONSULTATI	VETERAN ON SHEET
		Standard F	orm 513 (Rev 9-77)

Phone:

MEDICAL RECORD | CONSULTATION SHEET Page 2 of 2

Consult Request: Consult | Consult No.: 844972

Consultation Results #6224985 continued.

URGENCY: STATUS: COMPLETED

SERVICE CONNECTED % - 60

TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS, FRONTAL, CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

/es/ TARANNUM F MANSURI Pharm. D. Signed: 03/10/2008 16:01

Use of duloxetine is approved.

,	CONSULTATION	SHEET	Page 1 of 2	
Consult Request: Consult		Con	sult No.: 844	972
To: PHARMACY NONFORMULARY REQUEST From: MHC BOROWSKI WALK IN	****	Requested	: 03/10/2008	3:10 pm
Requesting Facility: WILKES-BARRE V. Current Primary Care Provider: PATE Current Primary Care Team: GENE	AMC L INDUBHAI M RAL MEDICINE	•	******	****
REASON FOR REQUEST: (Complaints and SERVICE CONNECTED & - 60 TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 100 PERIOD OF SERVICE - PERSIAN GULF WAR	sc • sc			
COMBAT SERVICE - NO Is patient an OEF/OIF returnee? Yes				
Reason for Request: Treatment for a				
THIS FORM IS USED TO REQUEST A NON-1	JO1122 2112 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
SECTION A: Medication Requested (To 1. Generic name/strength/dosage 2. Trade name: cymbalta 3. Diagnosis or medical problem chronic pain SECTION B: Justification (To be con 1. Reason for medical necessity: comments)  C. Therapeutic failure of all agent(s) tried)  2. Anticipated duration and locat Outpatient clinic 3. Treatment goal/endpoint: Alley	to be treated mpleted by Phy (choose one/d formulary alt	ernatives:	ecific (specify	γ)
PROVISIONAL DIAG: PTSD				
SANTOS, FRANCISCO F STAFF PSYCHIATRIST BEHAVIORAL SVCS	PLACE: Consultant's SERVICE RENDE Outpatient	choice	URGENCY: Routine	
CHART	COPY			
CONSULTATION NO	TE #6224985			
LOCAL TITLE: CONSULTATION REPORT STANDARD TITLE: CONSULT DATE OF NOTE: MAR 10, 2008@16:01 AUTHOR: MANSURI,TARANNUM F E	ENTRY DATE: 1 XP COSIGNER:	MAR 10, 200	08@16:01:05	
AUTHOR & TITLE:	114	DATE:		
ID #: ORGANIZATION: WILKES-BAR			OC: MHC BOROW	ISK
LASKOWSKI STANLEY P III SERVICE CO	NNECTED 50% to		: VETERAN LION SHEET Form 513 (Rev	9-77)

Phone:

MEDICAL RECORD	CONSULTATION	SHEET	Page 1 of 1
Consult Request: Consult			Consult No.: 849597
To: GENERAL PSYCHOLOGY-OUTPATIENT From: TBI HOGG 2HR CLINIC	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		sted: 03/24/2008 10:04 a
Requesting Facility: WILKES-BARRE Current Primary Care Provider: PATE Current Primary Care Team: GEN	VAMC		
REASON FOR REQUEST: (Complaints and Psychometric testing/TBI			
PROVISIONAL DIAG: Memory loss			
REQUESTED BY: HOGG JUDITH E STAFF NEUROLOGIST	PLACE: Consultant's		
(Pager: 255) (Phone: 4796)	SERVICE RENDE   Outpatient	RED AS:	
CHART	COPY		
**** REQUEST CANCELLED	REQUEST CANCE	LLED **	**
No Consultation R	esults availab	le.	
(Discontinue Entered by: HOGG, JUDITH E - 03 Responsible Person: HOGG, JUDIT Entered at: WILKES-BARRE VAMC requested in error/wrong consult	d Comment) /24/2008 10:17 H E	am	
AUTHOR & TITLE:	7 Z	DAT	r=====================================
D #: ORGANIZATION: WILKES-BAR			LOC: TBI HOGG 2H
ACKOMOKI CHANIEV D III CERVICE COI	INECTED 50% to	100%	SC VETERAN CATION SHEET d Form 513 (Rev 9-77)

Phone:

CONSULTATION SHEET

Page 2 of 2

MEDICAL RECORD Consult Request: Consult

Consult No.: 849620

(Added Comment)

Entered by: RUNDLE, MARY K - 03/24/2008 10:59 am
Responsible Person: RUNDLE, MARY K
Entered at: WILKES-BARRE VAMC
authorization sent to vendor and patient

(Added Comment)

Entered by: JOHNSON, SANDRA L - 03/24/2008 12:48 pm
Responsible Person: JOHNSON, SANDRA L
Entered at: WILKES-BARRE VAMC
Please send neuro RX

(Added Comment)
Entered by: JOHNSON, SANDRA L - 03/25/2008 1:16 pm
Responsible Person: JOHNSON, SANDRA L
Entered at: WILKES-BARRE VAMC
Dr. Hogg please send an RX

(Added Comment)
Entered by: JOHNSON, SANDRA L - 03/31/2008 8:49 am
Responsible Person: JOHNSON, SANDRA L
Entered at: WILKES-BARRE VAMC
All information and authorization faxed to John Heinz for scheduling

(Added Comment)
Entered by: TOMSHAW, ALICE M - 05/06/2008 10:18 am
Responsible Person: TOMSHAW, ALICE M
Entered at: WILKES-BARRE VAMC
spoke to Sandy @ John Heinz. She stated LM for pt to call on 4/18/08 and sent letter of the same on 5/1/08. No response from pt at this time.

(Scheduled Comment)
Entered by: TOMSHAW, ALICE M - 06/04/2008 11:28 am
Responsible Person: TOMSHAW, ALICE M
Entered at: WILKES-BARRE VAMC
Pt sched at JH appt sched scanned into record

(Administrative Complete Comment)
Entered by: TOMSHAW, ALICE M - 06/20/2008 8:51 am
Responsible Person: TOMSHAW, ALICE M
Entered at: WILKES-BARRE VAMC
neuropsych testing results faxed from JH on 6/20/08
See scanned document on 6/20/08 (TBI Scanned Document)

		Level 1		
MEDICAL RECORD		ION SHEET	Page 1 of 2	
Consult Request: Consult		Cor	nsult No.: 849620	
To: NON VA SERVICES (FEE) T From: TBI HOGG 2HR CLI	TOT		l: 03/24/2008 10:28	ar
Requesting Facility: WILKES	-BADDE VAMC			m # 3
Current Primary Care Provid Current Primary Care Te	er: PATEL, INDUBHAI am: GENERAL MEDICI	M NE		
REASON FOR REQUEST: (Compla PERIOD OF SERVICE - PERSIAN SERVICE CONNECTED % - 60 TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREAR MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC POST-TRAUMATIC STRESS DISOR	ints and findings) GULF WAR  M 20% SC			
COMBAT SERVICE - NO Is patient an OEF/OIF retur				
WHAT SPECIFIC TREATMENT(S) Neuropsychological assess	IS/ARE BEING AUTHOR	RIZED?		
WHAT SPECIFIC TIME FRAME WI START DATE: Mar 24,2008 END DATE: Jun 22,2008		TREATMENT COVE	R?	
WHAT IS THE NAME, ADDRESS, THAT WILL BE PROVIDING THE TREAT John Heinz Wilkes-Barre, PA Phone: 826-3771 Fax: 830-8917		NUMBER(S) OF	THE FACILITY	
Please Note: If sending to for Neuropsych	John Heinz, a pres nology	cription is ne	eded	
PROVISIONAL DIAG: TBI Memory	loss and headache	S		
REQUESTED BY: HOGG, JUDITH E STAFF NEUROLOGIST (Pager: 255) (Phone: 4796)	PLACE:	's choice NDERED AS:	URGENCY: Routine	
C	ART COPY Significant Finding	gg *****		
	ation Results avail			
UTHOR & TITLE:	M144	DATE:		==
D #:  ORGANIZATION:WI	LKES-BARRE VAMC	REG #:  L	OC: TBI HOGG 2H	
ASKOWSKI STANLEY P III SE		to 100% SC CONSULTAT	VETERAN TON SHEET	
		COMBINITAL	Form 513 (Rev 9-77)	)

Phone:

CONSULTATION SHEET

Page 2 of 2

MEDICAL RECORD

Consult Request: Consult

Consult No.: 863583

Consultation Results #6378328 continued.

If you feel if from his neck, it would require an MRI C Spine prior to PEC assessment. If it from his shoulder, he should have imaging and possible ortho evaluation. Your last note indicated he had cervical strain, treated with Tylenol #3 and capascin cream. If consult is necessary, please obtain appropriate imaging first and clearly delineate nature of his pain problems and how we can assist you.

/es/ STEPHEN A SCHARDING, PA-C PHYSICIAN ASSISTANT Signed: 05/01/2008 11:14

Receipt Acknowledged By:
05/02/2008 09:24 /es/ NABEELA Z MIAN, M.D.
CHIEF, RHEUMATOLOGY/MEDICAL SERVICE
05/01/2008 11:15 /es/ MICHAEL J SURDY
PHARMD.
05/02/2008 14:25 /es/ MICHAEL Y HWANG
Chief, Mental Health
1NDUBHAI M PATEL, MD
STAFF PHYSICIAN, PRIMARY CARE

	MEDICAL RECORD	CONSULTATION	SHEET	Page 1 of 2	
	Consult Request: Consult		Con	sult No.: 863	3583
	To: PAIN EVALUATION CLINIC-OUTPAT: From: ZZZPATEL I PRICARE	IENT	Requested	: 04/29/2008	1:16 pm
	Requesting Facility: WILKES-BARRE Current Primary Care Provider: PAT Current Primary Care Team: GEN	VAMC TEL, INDUBHAI M NERAL MEDICINE			
	REASON FOR REQUEST: (Complaints ar SERVICE CONNECTED \$ - 60	nd findings)			
	TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% MALUNION OF ANKLE 0% SC SINUSITIS FRONTAL CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 10 PERIOD OF SERVICE - PERSIAN GULF W	SC 0% SC VAR			
	COMBAT SERVICE - NO Is patient an OEF/OIF returnee? N	lo ·			
•	Reason for Request: 30 y/o male wache, please evaluate and advise.	ith chronic nec	k shoulder	pain, body	, , ,
	PROVISIONAL DIAG: neck pain /bodyac	che/shoulder pa	in		******
	REQUESTED BY: PATEL, INDUBHAI M STAFF PHYSICIAN, PRIMARY CARE (Pager: 272) (Phone: 4885)	PLACE: Consultant's ( SERVICE RENDER Outpatient	choice	URGENCY: Routine	***************************************
	CHART	COPY	to the term of the term of the term of the term of	* *** *** *** *** *** *** *** *** *** ***	***************************************
	CONSULTATION N	OTE #6378328			
	LOCAL TITLE: CONSULTATION REPORT STANDARD TITLE: CONSULT DATE OF NOTE: MAY 01, 2008@11:10 AUTHOR: SCHARDING, STEPHEN A URGENCY:	ENTRY DATE: M EXP COSIGNER: STATUS: C		@11:10:42	
	SERVICE CONNECTED % - 60 TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 100% PERIOD OF SERVICE - PERSIAN GULF WAI	% SC			
	Pt's chart was reviewed, I am unable				-
1	AUTHOR & TITLE:	146	DATE:		<b>****</b> ***
	ID #: ORGANIZATION: WILKES-BAR	RE VAMC   REG #	:ILOC	: ZZZPATEL I	
1	ASKOWSKI.STANLEY P III SERVICE CO	NNECTED 50% to	100% SC V CONSULTATIO	ETERAN N SHEET	
		Phone:	Standard Fo	N SHEET 513 (Rev	9-77)

MEDICAL RECORD | CONSULTATION SHEET Page 2 of 2

Consult Request: Consult | Consult No.: 896628

(Scheduled Comment)
Entered by: KOSEK, DONNA M - 07/31/2008 8:43 am
Responsible Person: PATEL, INDUBHAI M
Entered at: WILKES-BARRE VAMC
KHAN NEUROLOGY Consult Appt. on 08/05/08 @ 09:00
per consult letter sent

(Administrative Complete Comment)
Entered by: MUDRAK, MARY ANNE - 08/29/2008 11:03 am
Responsible Person: MUDRAK, MARY ANNE
Entered at: WILKES-BARRE VAMC
See note of 8/5/08

	)				
MEDICAL RECORD	1	CONSULTATIO	N SHEET	Page 1 of 2	
Consult Request: Consult			Co	nsult No.: 896	5628
To: NEUROLOGY-OUTPATIENT From: ZZZPATEL I PRICE				d: 07/30/2008	3:15 pm
Requesting Facility: WILKES Current Primary Care Provide Current Primary Care To	S-BARRE V	'AMC SEESSESSESSESSESSESSESSESSESSESSESSESSE		3 X 3 3 X X X X X X X X X X X X X X X X	
REASON FOR REQUEST: (Complaint SERVICE CONNECTED % - 100	aints and	findings)			
TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREAR MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC POST-TRAUMATIC STRESS DISOF PERIOD OF SERVICE - PERSIAN	10% SC EDER 100	* SC			
COMBAT SERVICE - NO Is patient an OEF/OIF return	mee? No				
Reason for Request: discus by outside physician Dr. Harasy having headache possible migaine, physician	m 842-09 pt was p	45, pt report rescribed fic	ed to me the cricet by ou	nat he is utside	
Dr.Harasym, requesting from having seizure lately, advise for				•	
PROVISIONAL DIAG: headache					
REQUESTED BY: PATEL,INDUBHAI M STAFF PHYSICIAN, PRIMARY CA (Pager: 272) (Phone: 4885)	RE	PLACE: Consultant's SERVICE REND Outpatient		URGENCY: Within 1 week	k 
****** Unknown					
No Consul	tation Re	sults availa	ble.		
Entered by: FEERICK, JOH Responsible Person: FEH Entered at: WILKES-BARK Referring Physician to pleas at time of consult. New/any	(Added Co IN - 07/3 ERICK, JOH RE VAMC se arrang	omment) 1/2008 7:49 a N e for outside	am e records to	o be available	
				*******	
AUTHOR & TITLE:	M	48	DATE		AND DOOR NOT NOT BUT
D #:   ORGANIZATION:WI			<del></del>	LOC: ZZZPATEL	I
ASKOWSKI STANLEY P III SE	RVICE CO	NNECTED 50% t	consultat	C VETERAN TION SHEET Form 513 (Rev	9-771
		Diame.		212 (KGA	3-111





CONSULTATION SHEET MEDICAL RECORD

Consult Request: Consult

Consult No.: 898411

CONSULTATION NOTE #6654233

LOCAL TITLE: CONSULTATION REPORT STANDARD TITLE: CONSULT DATE OF NOTE: AUG 05, 2008@10:35 AUTHOR: CENCETTI, JOSEPH M

ENTRY DATE: AUG 05, 2008@10:35:24 EXP COSIGNER:

STATUS: COMPLETED **URGENCY:** 

SERVICE CONNECTED % - 100 TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC

20% SC

BURSITIS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20% MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% S POST-TRAUMATIC STRESS DISORDER PERIOD OF SERVICE - PERSIAN GULF 100%

WAR

please clarify fiorinal with codiene or fioricet with codiene, Either will be approved and also discontinue apap with codiene and inform pt not to use apap with codiene or fiorinal or fiorecet with codeine together Please enter prescription of which agent you want, ie fiorinal with codeine or fioricet with codien, thnaks.

/es/ JOSEPH M CENCETTI PHARMD. Signed: 08/05/2008 10:38

	<b>(2)</b>			(E	<u>لا</u>			
MEDICAL RECO			CONSULTATION	SHEE	T	Page 1	of 2	
Consult Request: Co								
To: PHARMACY NONFOL From: KHAN NET	RMULARY REQUE JROLOGY	ST		Req	ueste	1: 08/05,	/2008	9:53 a
Requesting Facility Current Primary Car Current Primary	7: WILKES-BAR	RE V	AMC					
REASON FOR REQUEST: SERVICE CONNECTED & TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION C MALUNION OF ANKLE SINUSITIS, FRONTAL, C POST-TRAUMATIC STRE PERIOD OF SERVICE	OF FOREARM 2 0% SC CHRONIC 10% SS DISORDER	0% S SC 100%	sc s sc					
COMBAT SERVICE - NO Is patient an OEF/O	IF returnee?	Yes	<b>,</b>					
Reason for Request:	Fioricet w	ith c	odiene					
THIS FORM IS USED T	O REQUEST A SE FOR AN IN	NON-F DIVID	ORMULARY MEDIC	CATIC	N FOR	CLINICA	L	
SECTION A: Medicat  1. Generic name 2. Trade name: 3. Diagnosis or SECTION B: Justifi 1. Reason for mecomments) c. Therapeuticagent(s)	as above medical prol cation (To be dical necess:	olem e com Lty:	be completed form: Fiorinol to be treated: pleted by Phys (choose one/doformulary alteoricet/tylenol	: Int sicia cume	racta n) nt sp	ble head ecific		
2. Anticipated du Chronic use, ( 3. Treatment goal	uration and l Outpatient cl l/endpoint: E	locat inic atie	ion of therapy nt already tak	r: (c :ing	hose a	all that d it is t	apply the	·)
only drug which helps, prescribed by non VA posttratumatic concu	A physician-i	ntra d in	ctable headach Iraq.	es m	ay be			
PROVISIONAL DIAG: In	itractable he							
REQUESTED BY: KHAN, IOBAL A STAFF PHYSICIAN(NEUF (Pager: 721) (Phone: 4793)	OLOGY) MEDICA		PLACE: Consultant's cl RVICE BERVICE RENDERI Outpatient	hoice ED AS	_	URGENCY: Routine		
	CHAR	T	СОРҮ	_ <b></b>				
			·					
UTHOR & TITLE:		V 1	50	- 1	DATE:		=====	: <b>= = = =</b> =

SERVICE CONNECTED 50% to 100% SC VETERAN
CONSULTATION SHEET
Standard Form 513 (Rev 9-77)
Phone:

ORGANIZATION: WILKES-BARRE VAMC

LASKOWSKI, STANLEY P III

REG #:

LOC: KHAN NEUROL

Con Control		Can .		
MEDICAL RECORD	CONSULTATION	SHEET	Page 1 o	 f 1
Consult Request: Consult				
To: WB CLERICAL SUPPORT FOLLOWUP	FOR ORDERS-ADMIN	Con   Consult	sult No.:	929321
To: WB CLERICAL SUPPORT FOLLOWUP IF From: PSYCH DOOLEY II		Requested	10/30/20	008 5:53 p
	VAMC	<b></b>		
Current Primary Care Provider: PAT Current Primary Care Team: GEN	TEL, INDUBHAI M VERAL MEDICINE			
REASON FOR REQUEST: (Complaints ar SERVICE CONNECTED % - 100			· .	•
TINNITUS 10% SC BURSITIS 10% SC BURSITIS 10% SC LIMITED EXTENSION OF FOREARM 20%	S.C.		•	
MALUNION OF ANKLE 0% SC SINUSITIS, FRONTAL, CHRONIC 10% SC POST-TRAUMATIC STRESS DISORDER 10 PERIOD OF SERVICE - PERSIAN GULF W.	0 <b>5</b> 50			
Reason for Request: in Dooley II		ore 4pm		
Orders have been placed on LASKOWSI Please review chart and schedule ap SCHEDULE FOLLOW-UP APPT	KI,STANLEY P III	on Oct 30 following	,2008. :	
CLINICIANS: Please remember that i patient, you need to enter them intoutpatient!!				
PROVISIONAL DIAG:				
REQUESTED BY: DOOLEY.MATTHEW	PLACE:  Consultant's cl	oice D	RGENCY:	
STAFF PSYCHOLOGIST BEHAVIORAL SVCS (Pager: 112) (Phone: 7677)	SERVICE RENDERE Outpatient	, , , , , , , , , , , , , , , , , , , ,	·	
C H A R T	C O P Y cant Findings **	****		
No Consultation Re	- · · · · · · · · · · · · · · · · · · ·			
(Administrative Co Entered by: KELLY, LARRY F - 10/ Responsible Person: KELLY, LARRY Entered at: WILKES-BARRE VAMC apts to be made by mhc clerkslk	emplete Comment) 31/2008 7:22 am			
THOR & TITLE:		==7=====:		
	*****	DATE:		
D #:   ORGANIZATION: WILKES-BARE		LOC:	PSYCH DO	OLE
ASKOWSKI STANLEY P III SERVICE CON	NECTED 50% to 1	00% SC VE	TERAN	
MIS	> \C	ONSULTATION	элввт <b>ж</b> 513 (Ре	32 9-77)

ACCOUNTY   Page   Pag	Poport Display			_		
Intake Pierce/Lucas for evaluation and med management < 30 days	Report Display LASKOWSKI,STANLE	Y P III		J	un 30,	2009@09.50.43
TRAZODONE TAB 50MG	ELECTRONICALLY E	Intake Pierce/Lu and med manageme NTEREDStart: 04/1	icas for evaluation ent < 30 days .1/2007 15:50		04/11	Clan Assistant
O4/03/2007 10:31   SINUSES 3 OR MORE VIEWS   SLATE: 04/11/2007   Start: 04/11/2007   Start: 04/11/2007   Start: 04/11/2007   Start: 04/11/2007   O4/03/2007 10:25   O4/03/2007 10:27   O4/03/2007 10:24   O4/03/2007 10:27   O4/03/2007 10:24   O4/03/2007 10:25   O4/03/2007 10:27   O4/03/2007 10:24   O4/03/2007 10:25   O4/03/2007 10:25   O4/03/2007 10:25   O4/03/2007 10:27   O4/03/2007 10:27   O4/03/2007 10:24   O4/03/2007 09:00   Stop: 04/18/07 10:26   O4/03/2007 10:27   O4/03/2007 10:24   O4/03/2007 10:26   O4/03/2007 10:27   O4/03/2007 10:25   O4/03/2007 10:27   O4/03/2007 10:25   O4/03/2007 10:26   O4/03/2007 10:27   O4/03/2007 10:25   O4/03/2007 10:27   O4/03/2007 10:	•	TAKE ONE TABLET	BY MOUTH AT BEDTIME		BORON	SKI, BERNARD M
WRITTEN   Start: 04/11/2007   Stop: 04/11/07   14:27   O4/03/2007   10:31   Req: CASTRIGNANO, DOMINIC   Start: 04/11/2007   Stop: 04/11/07   14:28   O4/03/2007   10:25   WRITTEN   Start: 04/11/2007   Stop: 04/11/07   14:28   O4/03/2007   10:25   WRITTEN   Start: 04/11/2007   Stop: 04/11/07   14:28   O4/03/2007   10:25   WRITTEN   Start: 04/11/2007   Stop: 04/11/07   14:28   O4/03/2007   10:27   Req: CASTRIGNANO, DOMINIC   WRITTEN   Start: 04/11/2007   Stop: 04/11/07   14:27   O4/03/2007   10:24   WRITTEN   Start: 04/18/2007   O9:00   Stop: 04/18/07   10:26   O4/03/2007   10:27   Req: CASTRIGNANO, DOMINIC   WRITTEN   Start: 04/18/2007   O9:00   Stop: 04/18/07   O9:00   Stop: 04/11/07   14:27   Req: CASTRIGNANO, DOMINIC   WRITTEN   Start: 04/18/2007   O9:00   Stop: 04/11/2007   Sto	: Dr.ID	SINUSES 3 OR MOR	6 U9:29 E VTEWS	Req:	Physi 04/11	Clan Assistant /2007 15:50
Start: 04/11/2007   14:28   04/03/2007   10:27   Stop: 04/11/07   14:28   04/03/2007   10:27   Req: CASTRIGNANO, DOMINIC	WRITTEN JS	Start: 04/11/ Stop: 04/11/0	2007 7 14:27	Req:	04/03 CASTR	/2007 10:31 IGNANO,DOMINIC
WRITTEN JS Start: 04/11/2007 Stop: 04/11/07 14:28  04/03/2007 10:25 WRITTEN JS Start: 04/11/2007 Stop: 04/11/07 14:27  04/03/2007 10:24 WRITTEN JS  04/03/2007 10:25 Stop: 04/18/07 10:26  04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC F  Req: CASTRIGNAN	WRITTEN JS	Start: 04/11/ Stop: 04/11/0	2007 7 14:28	Req:	04/03 CASTR	/2007 10:27 IGNANO, DOMINIC
WRITTEN  JS  Start: 04/11/2007 Stop: 04/11/07 14:27  04/03/2007 10:24 WRITTEN  JS  04/03/2007 10:24 WRITTEN  JS  04/03/2007 10:24 URINALYSIS URINE (RANDOM) SP WRITTEN  JS  04/03/2007 10:24 WRITTEN  JS  04/03/2007 10:24 WRITTEN  JS  04/03/2007 10:24 WRITTEN  JS  04/03/2007 10:25  04/03/2007 10:26  04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC E	WRITTEN JS				04/03/	/2007 10.27
04/03/2007 10:24 CHEM 7 BLOOD SERUM SP Start: 04/18/2007 09:00 Stop: 04/18/07 10:09 04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC F WRITTEN Start: 04/18/2007 09:00 Stop: 04/18/07 10:26 04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC E WRITTEN Start: 04/18/2007 09:00 Stop: 04/11/2007 Stop: 04/11/2007 Stop: 04/11/07 14:27 04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC E WRITTEN Start: 04/11/2007 Stop: 04/11/07 14:27 04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC E Start: 04/18/2007 09:00 Stop: 04/18/07 09:48 04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC E	WRITTEN	FOREARM 2 VIEWS F Start: 04/11/2 Stop: 04/11/07	RIGHT 2007 14:27		04/03/	<sup>'</sup> 2007 10·27
04/03/2007 10:24 URINALYSIS URINE (RANDOM) SP Start: 04/18/2007 09:00 Stop: 04/18/07 10:26	WRITTEN	CHEM 7 BLOOD SERU Start: 04/18/2	M SP 007 09:00		CASTRI	GNANO, DOMINIC E
04/03/2007 10:24 CHEST 2 VIEWS PAGLAT WRITTEN Start: 04/11/2007 JS Stop: 04/11/07 14:27  04/03/2007 10:23 CBC (WITH DIFF) BLOOD SP WRITTEN Start: 04/18/2007 09:00 JS Stop: 04/18/07 09:48  Req: CASTRIGNANO, DOMINIC E Req: CASTRIGNANO, DOMINIC E	04/03/2007 10:24 WRITTEN	<u>-</u>		Req:		
04/03/2007 10:23 CBC (WITH DIFF) BLOOD SP WRITTEN Start: 04/18/2007 09:00 JS Stop: 04/18/07 09:48 Req: CASTRIGNANO, DOMINIC E			•	Req:	04/03/ CASTRI	2007 10:27 GNANO,DOMINIC E
WRITTEN Start: 04/18/2007 09:00 JS Stop: 04/18/07 09:48 04/03/2007 10:27 Req: CASTRIGNANO, DOMINIC E	•			Req:	04/03/ CASTRI	2007 10:27 GNANO,DOMINIC E
	WKITTEN JS	Start: 04/18/20 Stop: 04/18/07	007 09:00 09:48 F	Req:	04/03/2 CASTRIC	2007 10:27 GNANO,DOMINIC E

LASKOWSKI, STANLEY P III Loc: ZZZPATEL I PRICARE I Room/Bed:

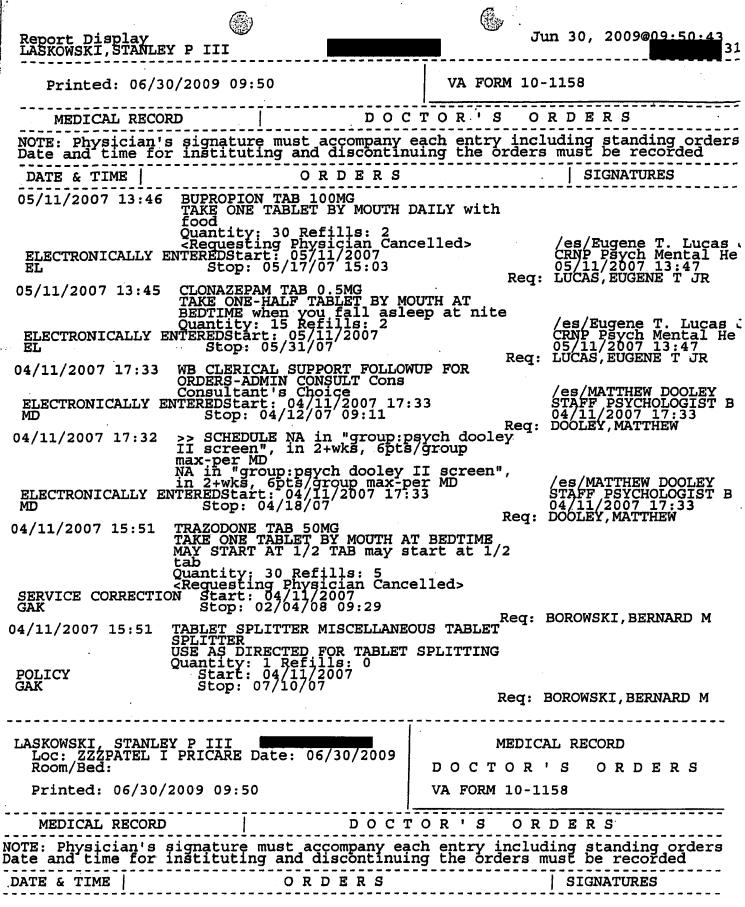
Printed: 06/30/2009 09:50

MEDICAL RECORD

DOCTOR'S ORDERS

VA FORM 10-1158

<sup>&</sup>gt;>> Warning: Some list items lines may have been truncated.
>>> This list requires 240 characters/line.
>>> This device supports 132 characters/line.



Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@09:50:43 Req: PIERCE, JENNIFER E 05/17/2007 15:01 Discontinue BUPROPION TAB 100MG TAKE ONE TABLET BY MOUTH DAILY WITH
FOOD with food
Quantity: 30 Refills: 2
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 05/11/2007
JEP Stop: 05/17/07 15:03 /es/JENNIFER E PIERC Physician Assistant 05/17/2007 15:03 Req: PIERCE, JENNIFER E LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME | ORDERS SIGNATURES 05/17/2007 15:00 PAROXETINE TAB 20MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
DAY FOR 7 DAYS THEN TAKE ONE TABLET
BY MOUTH EVERY DAY FOR 23 DAYS (When
this is finished begin prescription
for Paroxetine 40mg 1/2 tablet daily
which will be mailed to you within 30 days) Quantity: 27 Refills: ELECTRONICALLY ENTEREDStart: 05/18/2007 /es/JENNIFER E PIERCE Physician Assistant 05/17/2007 15:03 Req: PIERCE, JENNIFER E JEP D5/17/2007 15:00 PAROXETINE TAB 40MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
DAY \*\*\*PHARMACIST\*\*\*SUSPEND THIS
PRESCRIPTION FOR 30 DAYS
Quantity: 15 Refills: 5
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 06/17/2007
JEP Stop: 02/04/08 09:29 05/17/2007 15:00 /es/JENNIFER E PIERCE Physician Assistant 05/17/2007 15:03 Req: PIERCE, JENNIFER E CLONAZEPAM TAB 0.5MG
TAKE ONE-HALF TABLET BY MOUTH AT
BEDTIME -- WHEN YOU FALL ASLEEP AT
NITE when you fall asleep at nite
Quantity: 15 Refills: 2
N Start: 05/11/2007
Stop: 05/31/07 05/11/2007 14:00 SERVICE CORRECTION Req: LUCAS, EUGENE T JR BUPROPION TAB 100MG
TAKE ONE TABLET BY MOUTH DAILY WITH
FOOD with food
Quantity: 30 Refills: 2
<Requesting Physician Cancelled>
N Start: 05/11/2007
Stop: 05/17/07 15:03 05/11/2007 13:59 SERVICE CORRECTION Req: LUCAS,EUGENE T JR
hs /es/Eugene T. Lucas J
CRNP Psych Mental He
05/11/2007 13:47
Req: LUCAS,EUGENE T JR 05/11/2007 13:47 >> SCHEDULE RETURN TO CLINIC 2 months ELECTRONICALLY ENTEREDStart: 05/11/2007 13:47 EL Stop: 05/16/07 LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD

DOCTOR'S

ORDERS

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Report Display
LASKOWSKI, STANLEY P III
                                                                                                                Jun 30, 2009@09.50.43
      ELECTRONICALLY ENTEREDStart: 07/16/2007 15:31 EL Stop: 07/23/07
                                                                                                           CRNP Psych Mental H∈ 07/16/2007 15:31 Req: LUCAS, EUGENE T JR
                                      BUSPIRONE TAB 5MG
TAKE ONE TABLET BY MOUTH TWICE A DAY
WITH MEALS
    07/03/2007 13:31
                                      Quantity: 60 Refills: 2

<Requesting Physician Cancelled>

N Start: 07/03/2007

Stop: 02/04/08 09:29
      SERVICE CORRECTION
                                                                                                          Req: LUCAS, EUGENE T JR
     07/03/2007 13:24 >> SCHEDULE RETURN TO CLINIC next available after 14 days
ELECTRONICALLY ENTEREDStart: 07/03/2007 13:26
EL Stop: 07/08/07
    07/03/2007 13:24
                                                                                                          /es/Eugene T. Lucas
CRNP Psych Mental He
07/03/2007 13:26
Req: LUCAS, EUGENE T JR
                                     BUSPIRONE TAB 5MG
TAKE ONE TABLET BY MOUTH TWICE A DAY
WITH MEALS
   07/03/2007 13:23
    /es/Eugene T. Lucas (CRNP Psych Mental He 07/03/2007 13:26
Req: LUCAS, EUGENE T JR
    LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                   MEDICAL RECORD
                                                                                            DOCTOR'S
                                                                                                                              ORDERS
        Printed: 06/30/2009 09:50
                                                                                            VA FORM 10-1158
        MEDICAL RECORD
                                                                          DOCTOR'S ORDERS
  NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
   DATE & TIME
                                                             ORDERS
                                                                                                                      SIGNATURES
                                   CLONAZEPAM TAB 0.5MG
TAKE ONE TABLET BY MOUTH DAILY AND
TAKE ONE TABLET AT BEDTIME
Quantity: 60 Refills: 1
ON Start: 06/05/2007
Stop: 07/16/07 15:31
  06/05/2007 15:39
   SERVICE CORRECTION
                                                                                                        Req: LUCAS, EUGENE T JR
  O6/04/2007 14:01 Change CLONAZEPAM TAB 0.5MG
TAKE ONE TABLET BY MOUTH DAILY AND
TAKE ONE TABLET BY MOUTH AT BEDTIME
Ouantity: 60 Refills: 1
ELECTRONICALLY ENTEREDStart: 06/05/2007
EL Stop: 07/16/07 15:31
 06/04/2007 14:01
                                                                                                       /es/Eugene T. Lucas J
CRNP Psych Mental He
06/04/2007 14:03
Req: LUCAS, EUGENE T JR
                                  PAROXETINE TAB 20MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
DAY FOR 7 DAYS, THEN TAKE ONE TABLET
EVERY DAY FOR 23 DAYS (WHEN THIS IS
FINISHED BEGIN PRESCRIPTION FOR
PAROXETINE 40MG 1/2 TABLET DAILY
WHICH WILL BE MAILED TO YOU WITHIN 30
 05/18/2007 05:31
                                  DAYS)
 Quantity: 27 Refills: 0
SERVICE CORRECTION Start: 05/18/2007
                                                                                                      Req: PIERCE, JENNIFER E
                                 PAROXETINE TAB 40MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
05/18/2007 05:30
                                 DAY
                                 Quantity: 15 Refills: 5

<Requesting Physician Cancelled>

N Start: 06/17/2007

Stop: 02/04/08 09:29
 SERVICE CORRECTION
```

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@09.50.43 A DAY until seen by Primary care Quantity: 180 Refills: 1
ELECTRONICALLY ENTEREDStart: 12/14/2007
EL Stop: 01/09/08 /es/Eugene T. Lucas CRNP Psych Mental He 12/14/2007 10:26 Req: LUCAS, EUGENE T JR VENLAFAXINE CAP, SA 75MG TAKE 1 CAPSULE BY MOUTH DAILY with 12/14/2007 10:19 food /es/Eugene T. Lucas CRNP Psych Mental He 12/14/2007 10:26 Req: LUCAS, EUGENE T JR 12/06/2007 10:50 WB CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT Cons Consultant's Choice ELECTRONICALLY ENTEREDStart: 12/06/2007 10:50 MD Stop: 12/06/07 12:28 12/06/2007 10:50 /es/MATTHEW DOOLEY STAFF PSYCHOLOGIST B 12/06/2007 10:50 Req: DOOLEY, MATTHEW 12/06/2007 10:49 >> SCHEDULE NA in Dooley II, before 4pm-per MD
NA in Dooley II, before 4pm-per MD
ELECTRONICALLY ENTEREDStart: 12/06/2007 10:50
MD Stop: 12/13/07 /es/MATTHEW DOOLEY STAFF PSYCHOLOGIST B 12/06/2007 10:50 Req: DOOLEY, MATTHEW 11/22/2007 10:05 WRITTEN CBC (WITH DIFF) BLOOD SP Start: 12/05/2007 07:35 Stop: 12/05/07 08:41 GMN Req: BUZANOWICZ, MARCELLA 11/22/2007 10:05 CHEM 7 BLOOD SERUM SP WRITTEN Start: 12/05/2007 07:35 GMN Stop: 12/05/07 09:27 Req: 11/22/2007 10:06 Req: BUZANOWICZ, MARCELLA LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME ORDERS SIGNATURES 11/22/2007 10:05 URINALYSIS URINE (RANDOM) SP WRITTEN Start: 12/05/2007 07:35 GMN Stop: 12/05/07 09:33 Req: 11/22/2007 10:06 Req: BUZANOWICZ, MARCELLA CHEST 2 VIEWS PA&LAT Start: 11/29/2007 08:45 Stop: 12/05/07 23:31 11/22/2007 10:05 WRITTEN Req: BUZANOWICZ, MARCELLA GMN CLONAZEPAM TAB 0.5MG
TAKE ONE TABLET BY MOUTH DAILY AND
TAKE TWO TABLETS AT BEDTIME
Quantity: 90 Refills: 2
N Start: 07/16/2007 07/16/2007 20:52 SERVICE CORRECTION Req: LUCAS, EUGENE T JR 07/16/2007 15:30 Change CLONAZEPAM TAB 0.5MG
TAKE ONE TABLET BY MOUTH DAILY AND
TAKE TWO TABLETS BY MOUTH AT BEDTIME
Quantity: 90 Refills: 2
ELECTRONICALLY ENTEREDStart: 07/16/2007 07/16/2007 15:30 /es/Eugene T. Lucas J CRNP Psych Mental He 07/16/2007 15:31 Req: LUCAS,EUGENE T JR /es/Eugene T. Lucas J 07/16/2007 15:30. >> Dr Bhatia at next available

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Report Display
LASKOWSKI, STANLEY P III
                                                                                                                Jun 30, 2009@09.50.43
      ELECTRONICALLY ENTEREDStart: 01/09/2008 09:47 IMP Stop: 01/17/08 13:02
                                                                                                         STAFF PHYSICIAN,
01/09/2008 09:47
Req: PATEL,INDUBHAI M
     O1/09/2008 09:36 Change TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
A DAY AS NEEDED AS NEEDED FOR PAIN
Quantity: 180 Refills: 7
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 01/28/2008
IMP Stop: 02/15/08 15:31
    01/09/2008 09:36
                                                                                                          /es/INDUBHAI M PATEL
STAFF PHYSICIAN, PRI
01/09/2008 09:39
Req: PATEL, INDUBHAI M
    12/21/2007 14:36
                                      >> SCHEDULE NA in Dooley II, before
     4pm-per MD
NA in Dooley II, before 4pm-per MD
ELECTRONICALLY ENTEREDStart: 12/21/2007 14:36
MD Stop: 12/28/07
                                                                                                          /es/MATTHEW DOOLEY
STAFF PSYCHOLOGIST B
12/21/2007 14:36
Req: DOOLEY, MATTHEW
                                     VENLAFAXINE CAP, SA 75MG
TAKE ONE CAPSULE BY MOUTH DAILY WITH
   12/14/2007 11:40
                                      FOOD
                                     Quantity: 30 Refills: 2

<Requesting Physician Cancelled>

N Start: 12/14/2007

Stop: 02/04/08 09:29
     SERVICE CORRECTION
                                                                                                          Req: LUCAS, EUGENE T JR
                                    TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
A DAY UNTIL SEEN BY PRIMARY CARE
Quantity: 180 Refills: 1

N Start: 12/14/2007
Stop: 01/09/08
   12/14/2007 11:40
    SERVICE CORRECTION
                                                                                                         Req: LUCAS, EUGENE T JR
                                    QUETIAPINE TAB 200MG
TAKE ONE-HALF TABLET BY MOUTH AT
  12/14/2007 11:40
                                    BEDTIME
   Quantity: 15 Refills: 2
SERVICE CORRECTION Start: 12/14/2007
MJH Stop: 01/10/08
                                                                                                        Req: LUCAS, EUGENE T JR
/es/Eugene T. Lucas J
CRNP Psych Mental He
12/14/2007 10:37
  12/14/2007 10:37 >> Primary Care Appointment ASAP ELECTRONICALLY ENTEREDStart: 12/14/2007 10:37 EL Stop: 12/21/07
                                                                                                        Req: LUCAS, EUGENE T JR
   LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                        MEDICAL RECORD
                                                                                           DOCTOR'S ORDERS
       Printed: 06/30/2009 09:50
                                                                                           VA FORM 10-1158
       MEDICAL RECORD
                                                                         DOCTOR'S ORDERS
NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
  DATE & TIME
                                                           ORDERS
                                                                                                                    SIGNATURES
                                  QUETIAPINE TAB 200MG
TAKE ONE-HALF TABLET BY MOUTH AT
12/14/2007 10:26
                                  BEDTIME
                                                                                                     /es/Eugene T. Lucas J
CRNP Psych Mental He
12/14/2007 10:26
Req: LUCAS, EUGENE T JR
/es/Eugene T. Lucas J
CRNP Psych Mental He
12/14/2007 10:26
Req: LUCAS, EUGENE T JR
  Ouantity: 15 Refills:
ELECTRONICALLY ENTEREDStart: 12/14/2007
EL Stop: 01/10/08
12/14/2007 10:26 >> 2 months
ELECTRONICALLY ENTEREDStart: 12/14/2007 10:26
EL Stop: 12/21/07
                                 TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
12/14/2007 10:20
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MI57

6 Jun 30, 2009@<u>09:50:43</u> Report Display LASKOWSKI, STANLEY P III Room/Bed: DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded SIGNATURES DATE & TIME ORDERS 01/09/2008 19:34 TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
A DAY AS NEEDED AS NEEDED FOR PAIN
Quantity: 180 Refills: 7
<Requesting Physician Cancelled>
SERVICE CORRECTION Start: 01/28/2008
RBK Stop: 02/15/08 15:31 01/09/2008 19:34 Req: PATEL, INDUBHAI M
/es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
01/09/2008 09:55
Req: PATEL, INDUBHAI M
/es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
01/09/2008 09:55
Req: PATEL, INDUBHAI M 01/09/2008 09:55 CBC (WITH DIFF) BLOOD SP LB #5144 ELECTRONICALLY ENTEREDStart: 07/09/2008 01/09/2008 09:55 LIPID PROFILE BLOOD SERUM SP LB #5144 ELECTRONICALLY ENTEREDStart: 07/09/2008 IMP 01/09/2008 09:55 COMPREHENSIVE METABOLIC PANEL BLOOD SERUM SP LB #5144 ELECTRONICALLY ENTEREDStart: 07/09/2008 /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI,
01/09/2008 09:55
Req: PATEL, INDUBHAI M
/es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
01/09/2008 09:55
Req: PATEL, INDUBHAI M 01/09/2008 09:55 URINALYSIS URINE (RANDOM) SP LB #5144 ELECTRONICALLY ENTEREDStart: 07/09/2008 01/09/2008 09:55 THYROID FUNCTION TESTS BLOOD SERUM SP LB #5144 ELECTRONICALLY ENTEREDStart: 07/09/2008 01/09/2008 09:55 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI 01/09/2008 09:55 Req: PATEL,INDUBHAI M IMP 01/09/2008 09:54 >> SCHEDULE oa in 6 months SCHEDULE PATIENT FOR LAB WORK BEFORE NEXT VISIT LABWORK FASTING? YES ELECTRONICALLY ENTEREDStart: 01/09/2008 09:55 IMP Stop: 01/16/08 01/09/2008 09:54 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI, 01/09/2008 09:55 Req: PATEL, INDUBHAI M HIPS BILATERAL 4 OR MORE VIEWS BILATERAL EXAM 01/09/2008 09:48 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI, 01/09/2008 09:48 Req: PATEL, INDUBHAI M ELECTRONICALLY ENTEREDStart: 01/09/2008 IMP LASKOWSKI, STANLEY P III 198-66-7220 Loc: ZZZPATEL I PRICARE Date: 06/30/2009 Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 DOCTOR'S ORDERS MEDICAL RECORD NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded | SIGNATURES DATE & TIME ORDERS 01/09/2008 09:47 ORTHOPEDIC-OUTPATIENT Cons Consultant's Choice /es/INDUBHAI M PATEL,

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@09:50:43 ELECTRONICALLY ENTEREDStart: 01/10/2008 AB Stop: 02/04/08 09:29 ASST CHIEF BEHAVIOR! 02/04/2008 09:29 Req: BHATIA, ARUNA 01/10/2008 16:25 MULTIVITAMINS TAB MULTIVITAMIN TABLETS TABLE 1 TABLET BY MOUTH EVERY DAY Quantity: 100 Refills: 2 <Renewed by Pharmacy>
N Start: 01/10/2008 Stop: 06/05/08 SERVICE CORRECTION Req: LUCAS, EUGENE T JR LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: U6/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME ORDERS SIGNATURES QUETIAPINE TAB 100MG TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME 01/10/2008 16:25 Ouantity: 15 Refills: 2 <Requesting Physician Cancelled> N Start: 01/10/2008 Stop: 02/04/08 09:29 SERVICE CORRECTION MIRTAZAPINE TAB 15MG
TAKE ONE AND ONE-HALF TABLETS BY
MOUTH AT BEDTIME
Quantity: 45 Refills: 2
<Requesting Physician Cancelled>
N Start: 01/10/2008
Stop: 02/04/08 09:29 Req: LUCAS, EUGENE T JR 01/10/2008 16:25 SERVICE CORRECTION O1/10/2008 16:08 MIRTAZAPINE TAB 15MG
TAKE ONE AND ONE-HALF TABLETS BY
MOUTH AT BEDTIME
Quantity: 45 Refills: 2
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 01/10/2008
EL Stop: 02/04/08 09:29 Req: LUCAS, EUGENE T JR 01/10/2008 16:08 /es/Eugene T. Lucas J CRNP Psych Mental He 01/10/2008 16:08 Req: LUCAS, EUGENE T JR 01/10/2008 16:07 Change QUETIAPINE TAB 100MG TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME Quantity: 15 Refills: 2 <Requesting Physician Cancelled> ELECTRONICALLY ENTEREDStart: 01/10/2008 EL Stop: 02/04/08 09:29 /es/Eugene T. Lucas J CRNP Psych Mental He 01/10/2008 16:08 Req: LUCAS, EUGENE T JR 01/10/2008 16:03 MULTIVITAMINS TAB MULTIVITAMIN TABLETS TABLE IS

TAKE ONE TABLET BY MOUTH EVERY DAY

Quantity: 100 Refills: 2

<Renewed by Pharmacy>

ELECTRONICALLY ENTEREDStart: 01/10/2008

EL Stop: 06/05/08 /es/Eugene T. Lucas J CRNP Psych Mental He 01/10/2008 16:08 Req: LUCAS, EUGENE T JR

LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009

MEDICAL RECORD

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@<u>09:50:42</u> ELECTRONICALLY ENTEREDStart: 02/04/2008 09:29 AB Stop: 02/09/08 ASST CHIEF BEHAVIOR: 02/04/2008 09:29 Req: BHATIA, ARUNA 02/04/2008 09:24 FLUOXETINE CAP,ORAL 20MG
TAKE 1 CAPSULE BY MOUTH EVERY MORNING
after meal
Quantity: 30 Refills: 6
ELECTRONICALLY ENTEREDStart: 02/04/2008
AB Stop: 02/11/08 02/04/2008 09:24 /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/04/2008 09:29 Req: BHATIA, ARUNA Discontinue VENLAFAXINE CAP SA 75MG TAKE ONE CAPSULE BY MOUTH DAILY WITH 02/04/2008 09:21 FOOD /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/04/2008 09:29 Req: BHATIA, ARUNA Discontinue TRAZODONE TAB 50MG
TAKE ONE TABLET BY MOUTH AT BEDTIME
MAY START AT 1/2 TAB may start at 1/2 02/04/2008 09:18 Quantity: 30 Refills: 5

Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDSTART: 04/11/2007 tab /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/04/2008 09:29 Req: BHATIA, ARUNA Stop: 02/04/08 09:29 LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded SIGNATURES ORDERS 02/04/2008 09:18 Discontinue PAROXETINE TAB 40MG TAKE ONE-HALF TABLET BY MOUTH EVERY DAY /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/04/2008 09:29 Req: BHATIA, ARUNA 02/04/2008 09:18 Discontinue BUSPIRONE TAB 5MG
TAKE ONE TABLET BY MOUTH TWICE A DAY
WITH MEALS /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/04/2008 09:29 Req: BHATIA, ARUNA 02/04/2008 09:18 Discontinue QUETIAPINE TAB 100MG TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/04/2008 09:29 Req: BHATIA, ARUNA Discontinue MIRTAZAPINE TAB 15MG TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME Quantity: 45 Refills: 2 <Requesting Physician Cancelled> 02/04/2008 09:18 /es/ARUNA BHATIA

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@<u>09.50.</u> 02/15/2008 10:28 >> Please schedule pt for f/u appt with primary care physician.

ELECTRONICALLY ENTEREDStart: 02/15/2008 10:29
PA Stop: 02/15/08 10:44 /es/PAULA ARIAS PA-C 02/15/2008 10:29 Req: ARIAS, PAULA 02/15/2008 10:15 METHYLPREDNISOLONE DOSEPAK TAB 4MG
TAKE TABLET(S) BY MOUTH AS DIRECTED
ON DOSE PACK
Quantity: 1 Refills: 0
SERVICE CORRECTION Start: 02/15/2008
MAS Stop: 03/16/08 02/15/2008 10:15 Req: PATEL, KAMLESH R KETOROLAC INJ 30MG/ML INJECT 60MG INTRAMUSCULARLY NOW Quantity: 1 Refills: 0 <Discontinued by Pharmacy> N Start: 02/15/2008 Stop: 03/10/08 02/15/2008 10:11 SERVICE CORRECTION MAS Req: PATEL, KAMLESH R METHYLPREDNISOLONE DOSEPAK TAB 4MG TAKE ONE TABLET BY MOUTH AS DIRECTED 02/15/2008 10:01 ASAP Quantity: 1 Refills: 0 ELECTRONICALLY ENTEREDStart: 02/15/2008 KRP Stop: 03/16/08 /es/KAMLESH R PATEL STAFF PHYSICIAN MEDI 02/15/2008 10:02 Req: PATEL, KAMLESH R 02/15/2008 10:00 KETOROLAC INJ
INJECT 60MG INTRAMUSCULARLY NOW STAT
Quantity: 1 Refills: 0
<Discontinued by Pharmacy>
ELECTRONICALLY ENTEREDStart: 02/15/2008
KRP Stop: 03/10/08 02/15/2008 10:00 /es/KAMLESH R PATEL STAFF PHYSICIAN MEDI 02/15/2008 10:02 Req: PATEL, KAMLESH R FLUOXETINE CAP, ORAL 20MG
TAKE ONE CAPSULE BY MOUTH TWICE A DAY
WITH MEALS 02/11/2008 11:12 Req: BHATIA, ARUNA LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME | ORDERS SIGNATURES Change FLUOXETINE CAP, ORAL 20MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY WITH MEALS 02/11/2008 10:53 /es/ARUNA BHATIA ASST CHIEF BEHAVIORA 02/11/2008 10:58 Req: BHATIA, ARUNA FLUOXETINE CAP, ORAL 20MG
TAKE ONE CAPSULE BY MOUTH EVERY
MORNING AFTER MEAL
Quantity: 30 Refills: 6
N Start: 02/04/2008
Stop: 02/11/08 02/04/2008 10:03 SERVICE CORRECTION Req: BHATIA, ARUNA 02/04/2008 09:25 >> SCHEDULE RETURN TO CLINIC 6 wks /es/ARUNA BHATIA

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Report Display
LASKOWSKI, STANLEY P III
                                                                                                                       Jun 30, 2009@09.50.42
                                                                                                                                                                 (31
   NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
                                                                   ORDERS
                                                                                                                                  SIGNATURES
     DATE & TIME |
     2/15/2008 14:15 ANTI-NUCLEAR ANTIBODY SCREEN BLOOD
SERUM SP LB #32467
ELECTRONICALLY ENTEREDStart: 02/15/2008 14:49
IMP Stop: 02/26/08 08:09
   02/15/2008 14:15
                                                                                                                  /es/INDUBHAI M PATEL
STAFF PHYSICIAN, PRI
02/15/2008 14:17
Req: PATEL, INDUBHAI M
/es/INDUBHAI M PATEL
STAFF PHYSICIAN, PRI
02/15/2008 14:17
Req: PATEL, INDUBHAI M
  02/15/2008 14:15 LYME DISEASE BLOOD SERUM SP LB #32467
ELECTRONICALLY ENTEREDStart: 02/15/2008 14:49
IMP Stop: 02/29/08 13:20
                                                                                                                  Req: PATEL, INDUBHAI M
                                       ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS
AS NEEDED FOR PAIN
Quantity: 120 Refills: 1
<Requesting Physician Cancelled>
N Start: 02/15/2008
Stop: 02/25/08 15:42
   02/15/2008 14:02
    SERVICE CORRECTION
                                                                                                                 Req: PATEL, INDUBHAI M
                                       CAPSAICIN 0.075% CREAM, TOP 0.075%
APPLY SMALL AMOUNT TOPICALLY TWICE A
DAY AS NEEDED TO AFFECTED AREA
Quantity: 120 Refills: 3
<Renewed by Pharmacy>
N Start: 02/15/2008
Stop: 06/05/08
  02/15/2008 14:02
    SERVICE CORRECTION
    MAS
                                                                                                                 Req: PATEL, INDUBHAI M
                                      CAPSAICIN 0.075% CREAM, TOP 0.075% APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA TWICE
  02/15/2008 13:47
                                      DAILY
   /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
02/15/2008 13:47
                                                                                                                Req: PATEL, INDUBHAI M
  D2/15/2008 13:46 ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE TWO TABLETS BY MOUTH EVERY 6
HOURS AS NEEDED TAKE ONE TO TWO TABS
O 6HR AS NEEDED FOR PAIN
Ouantity: 120 Refills: 1
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 02/15/2008
IMP Stop: 02/25/08 15:42
 02/15/2008 13:46
                                                                                                                          /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
02/15/2008 13:47
                                                                                                               Reg: PATEL, INDUBHAI M
  LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009
ROOM/Bed:
                                                                                                               MEDICAL RECORD
                                                                                                 DOCTOR'S
                                                                                                                                     ORDERS
      Printed: 06/30/2009 09:50
                                                                                                VA FORM 10-1158
        MEDICAL RECORD
                                                                             DOCTOR'S
                                                                                                                ORDERS
NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
                                                                                                                           SIGNATURES
 DATE & TIME |
                                                               ORDERS
                                 >> Change Please schedule pt for f/u
appt with primary care physician
today.
02/15/2008 10:44
                                                                                                            /es/PAULA ARIAS
PA-C
02/15/2008 10:44
Req: ARIAS, PAULA
 ELECTRONICALLY ENTEREDStart: 02/15/2008 10:44 PA Stop: 03/16/08
```

Jun 30, 2009@09:50:42 Report Display LASKOWSKI, STANLEY P III Req: RICE, WILLIAM R LASKOWSKI, STANLEY P III Loc: ZZZPATEL I PRICARE Date: 06/30/2009 Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS VA FORM 10-1158 Printed: 06/30/2009 09:50 DOCTOR'S ORDERS MEDICAL RECORD NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded ORDERS SIGNATURES DATE & TIME 02/25/2008 19:35 TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
A DAY AS NEEDED AS NEEDED FOR PAIN
Quantity: 180 Refills: 7
<Requesting Physician Cancelled>
SERVICE CORRECTION Start: 02/25/2008
EAL Stop: 03/03/08 14:00 02/25/2008 19:35 Req: PATEL, INDUBHAI M Discontinue ACETAMINOPHEN /CODEINE TAB ACETAMINOPHEN 300MG WITH CODEINE 02/25/2008 15:41 30MG
TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS
AS NEEDED FOR PAIN
Quantity: 120 Refills: 1
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 02/15/2008
IMP
Stop: 02/25/08 15:42
Re 30MG /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI, 02/25/2008 15:42 Req: PATEL,INDUBHAI M TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR PAIN AS 02/25/2008 15:41 NEEDED FOR PAIN
Ouantity: 180 Refills: 7
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 02/25/2008
IMP Stop: 03/03/08 14:00 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI 02/25/2008 15:42 Req: PATEL, INDUBHAI M 02/15/2008 15:31 Discontinue TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
A DAY AS NEEDED AS NEEDED FOR PAIN
Quantity: 180 Refills: 7
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 01/28/2008
IMP Stop: 02/15/08 15:31 02/15/2008 15:31 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI, 02/15/2008 15:31 Req: PATEL, INDUBHAI M 02/15/2008 14:20 PHYSICAL THERAPY-OUTPATIENT Cons Consultant's Choice ELECTRONICALLY ENTEREDStart: 02/15/2008 14:20 IMP Stop: 03/07/08 16:24 02/15/2008 14:20 /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
02/15/2008 14:20
Req: PATEL, INDUBHAI M
/es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
02/15/2008 14:17
Req: PATEL, INDUBHAI M 02/15/2008 14:16 SED RATE BLOOD SP LB #32467 ELECTRONICALLY ENTEREDStart: 02/15/2008 14:49 IMP Stop: 02/15/08 17:04 LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 ------DOCTOR'S ORDERS MEDICAL RECORD

Jun 30, 2009@09:50:42 Report Display LASKOWSKI, STANLEY P III STAFF PHYSICIAN, 03/03/2008 14:03 Req: PATEL, INDUBHAI M PRI ELECTRONICALLY ENTERED Stop: 03/03/08 14:03 03/03/2008 14:02 Discontinue CYCLOBENZAPRINE TAB 10MG
TAKE ONE TABLET BY MOUTH EVERY 8
HOURS AS NEEDED
Quantity: 12 Refills: 0
<Requesting Physician Cancelled>
ELECTRONICALLY ENTERED
IMP 03/03/2008 14:02 /es/INDUBHAI M PATEL STAFF PHYSICIAN, PRI 03/03/2008 14:03 Req: PATEL, INDUBHAI M Stop: 03/03/08 14:03 LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 DOCTOR'S ORDERS MEDICAL RECORD NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME ORDERS SIGNATURES 03/03/2008 14:02 ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE TWO TABLETS BY MOUTH EVERY 8
HOURS AS NEEDED
Quantity: 180 Refills: 1
<Renewed by Pharmacy>
ELECTRONICALLY ENTEREDStart: 03/03/2008
IMP Stop: 06/05/08 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI 03/03/2008 14:02 Req: PATEL,INDUBHAI M Discontinue FLUOXETINE CAP, ORAL 20MG TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS 03/03/2008 13:58 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI 03/03/2008 14:00 Req: PATEL, INDUBHAI M O3/03/2008 13:58 Discontinue TRAMADOL TAB 50MG
TAKE TWO TABLETS BY MOUTH THREE TIMES
A DAY AS NEEDED AS NEEDED FOR PAIN
Quantity: 180 Refills: 7
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 02/25/2008
IMP Stop: 03/03/08 14:00 03/03/2008 13:58 /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
03/03/2008 14:00
Req: PATEL, INDUBHAI M
/es/WILLIAM R. RICE,
Physician Assistant
03/02/2008 12:27
Req: RICE, WILLIAM R 03/02/2008 12:16 >> Sofe Cervical Collar ELECTRONICALLY ENTEREDStart: 03/02/2008 12:27 wrr Stop: 04/01/08 O3/02/2008 12:15 CYCLOBENZAPRINE TAB 10MG
TAKE ONE TABLET BY MOUTH EVERY 8
HOURS AS NEEDED
Quantity: 12 Refills: 0
<Requesting Physician Cancelled>
ELECTRONICALLY ENTERED 03/02/2008 12:15 /es/WILLIAM R. RICE, Physician Assistant 03/02/2008 12:27 Req: RICE,WILLIAM R Stop: 03/03/08 14:03 ACETAMINOPHEN 325MG/PROPOXYPHENE 50MG
TAB PROPOXYPHENE N 50MG &
ACETAMINOPHEN TAB
TAKE ONE TABLET BY MOUTH EVERY 6
HOURS AS NEEDED
Quantity: 8 Refills: 0
<Requesting Physician Cancelled>
TERED 03/02/2008 12:14 /es/WILLIAM R. RICE, Physician Assistant 03/02/2008 12:27 ELECTRONICALLY ENTERED wrr Stop: 03/03/08 14:03

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Jun 30, 2009@09:50:42
Report Display
LASKOWSKI,STANLEY P III
03/09/2008 08:10 PHOSPHOROUS (CX) BLOOD SERUM STAT I
                                                                                                             /es/SANJAYKUMAR J DOS
STAFF PHYSICIAN (CARD
03/09/2008 08:10
Req: DOSHI,SANJAYKUMAR J
/es/SANJAYKUMAR J DOS
STAFF PHYSICIAN (CARD
03/09/2008 06:45
Req: DOSHI,SANJAYKUMAR J
  ELECTRONICALLY ENTEREDStart: 03/09/2008 08:45
Stop: 03/09/08 09:14
03/09/2008 06:44 >> PLACE SVE ONE TO ONE WATCH ELECTRONICALLY ENTEREDStart: 03/09/2008 06:45 SD Stop: 04/08/08
  03/09/2008 06:37 KETOROLAC INJ
INJECT 60 MG INTRAMUSCULARLY NOW
QUANTITY: 1 Refills: 0
ELECTRONICALLY ENTEREDSTART: 03/10/2008
SD Stop: 04/08/08
 03/09/2008 06:37
                                                                                                             /es/SANJAYKUMAR J DOS
STAFF PHYSICIAN(CARD
03/09/2008 06:37
Req: DOSHI,SANJAYKUMAR J
  03/09/2008 06:26 TBI (TRAUMATIC BRAIN INJURY) Cons
Consultant's Choice
ELECTRONICALLY ENTEREDStart: 03/09/2008 06:26
SD Stop: 03/24/08 11:37
                                                                                                             /es/SANJAYKUMAR J DOS
STAFF PHYSICIAN (CARD
03/09/2008 06:26
Req: DOSHI,SANJAYKUMAR J
03/09/2008 06:26
  LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                             MEDICAL RECORD
                                                                                               DOCTOR'S
                                                                                                                                   ORDERS
                                                                                               VA FORM 10-1158
      Printed: 06/30/2009 09:50
                                                                                                                 ORDERS
                                                                            DOCTOR'S
        MEDICAL RECORD
NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
                                                                                                                            SIGNATURES
                                                               ORDERS
  DATE & TIME
                                    CITALOPRAM TAB 20MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
MORNING FOR 10 DAYS, THEN TAKE ONE
TABLET EVERY MORNING AFTER MEAL
Quantity: 30 Refills: 6
<Requesting Physician Cancelled>
N Start: 03/04/2008
Stop: 03/10/08 14:24
03/04/2008 15:58
  SERVICE CORRECTION
  DMK
                                                                                                             Req: BHATIA, ARUNA
                                    CITALOPRAM TAB 20MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
MORNING FOR 10 DAYS THEN TAKE ONE
TABLET BY MOUTH EVERY MORNING after
03/04/2008 15:54
 meal
                                                                                                            /es/ARUNA BHATIA
ASST CHIEF BEHAVIORA
03/04/2008 15:55
Req: BHATIA, ARUNA
                                   ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS
AS NEEDED
03/03/2008 14:52
                                    Quantity: 180 Refills: 1

Renewed by Pharmacy>
N Start: 03/03/2008
Stop: 06/05/08
 SERVICE CORRECTION
 MJH
                                                                                                            Req: PATEL, INDUBHAI M
                                   Discontinue ACETAMINOPHEN
325MG/PROPOXYPHENE 50MG TAB
PROPOXYPHENE N 50MG & ACETAMINOPHEN
03/03/2008 14:02
                                    TAB
                                   TAKE ONE TABLET BY MOUTH EVERY 6
HOURS AS NEEDED
Quantity: 8 Refills: 0
<Requesting Physician Cancelled>
                                                                                                                      /es/INDUBHAI M PATEL,
```

		•		
Report Display LASKOWSKI, STANLEY	PIII			un 30, 2009@09.50.42
DMK		03/10/08 14:24	Reo	: NASSAR, FAWAZ
03/09/2008 10:57	TAKE ONE	TABLET BY MOUTH	EVERY 8	/es/FAWAZ NASSAR MD_
ELECTRONICALLY E	Requesti NTEREDStar Stop:	ng Physician Ca t: 03/10/2008 03/10/08 14:24		STAFF PHYSICIAN MEDI 03/09/2008 10:57 : NASSAR, FAWAZ : NASSAR, FAWAZ
03/09/2008 10:56 ELECTRONICALLY E FN	NTEREDStar Stop:	TE 03/09/2008 1	.0:57 Rea	STAFF PHYSICIAN MEDI 03/09/2008 10:57 : NASSAR, FAWAZ - AS/FAWAZ NASSAR MD
03/09/2008 10:56 ELECTRONICALLY E FN	NTEREDStar Stop:	03/09/2008 1 03/16/08	0:57  Req	STAFF PHYSICIAN MEDI 03/09/2008 10:57 : NASSAR, FAWAZ
03/09/2008 10:03	x	Meal for NOON me	at crue every	
ELECTRONICALLY E	Stop:	03/09/08 11:00	Req	: KHALIFE, MELANA M
	#/7014	EEN (SERUM) BLOO	D SERUM I LB	/es/SANJAYKUMAR J DOS STAFF PHYSICIAN(CARD
ELECTRONICALLY E	Stop:	03/11/08/11:28	Req	STAFF PHYSICIAN (CARD 03/09/2008 08:19 DOSHI, SANJAYKUMAR J / CARD
03/09/2008 08:13 ELECTRONICALLY E SD	ETHANOL B NTEREDStar Stop:	BLOOD SERUM STAT t: 03/09/2008 0 03/09/08 09:21	0.16	STAFF PHYSICIAN (CARD 03/09/2008 08:13 DOSHI, SANJAYKUMAR J
				TON DECORD
LASKOWSKI, STANL Loc: ZZZPATEL Room/Bed:	EY P III I PRICARE	198-66-7220 Date: 06/30/200	DOCTO	
Loc: ZZZPATEL	I PRICARE	Date: 06/30/200	9	R'S ORDERS
Loc: ZZZPATEL Room/Bed: Printed: 06/30	72009 09:5	D O	DOCTO VA FORM 10 CTOR'S O	R'S ORDERS -1158 RDERS
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30 MEDICAL RECORD NOTE: Physician's Date and time for	72009 09:5	D O on the must accompany and disconting	DOCTO VA FORM 10 CTOR'S O	R'S ORDERS -1158
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30 MEDICAL RECORD NOTE: Physician's Date and time for DATE & TIME	/2009 09:5 D   signature instituti	D O O O O O O O O O O O O O O O O O O O	DOCTO  VA FORM 10  CTOR'S O  each entry including the order	R 'S ORDERS -1158  R D E R S luding standing orders s must be recorded   SIGNATURES
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30 MEDICAL RECORD NOTE: Physician's Date and time for	/2009 09:5 D   signature instituti	DOO	DOCTO VA FORM 10 CTOR'S O each entry including the order STAT I LB 8:45	R 'S ORDERS -1158  R D E R S luding standing orders must be recorded
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30 MEDICAL RECORD NOTE: Physician's Date and time for DATE & TIME   03/09/2008 08:10 ELECTRONICALLY ENSD	/2009 09:5 D	DO O  must accompany ng and discontin  ORDERS  CX) BLOOD SERUM  t: 03/09/2008 08 03/09/08 09:14  DIFF) BLOOD STA	DOCTO  VA FORM 10  CTOR'S O  each entry including the order  STAT I LB  8:45  Req	R 'S ORDERS  -1158  R D E R S  luding standing orders s must be recorded    SIGNATURES  /es/SANJAYKUMAR J DOS STAFF PHYSICIAN(CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30  MEDICAL RECORD NOTE: Physician's Date and time for DATE & TIME   03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD	/2009 09:5  /2009 09:5  signature instituti  AMYLASE ( #47913 NTEREDStar Stop:  CBC (WITH #47913 NTEREDStar Stop:	DO O  must accompany ng and discontin  ORDERS  CX) BLOOD SERUM  t: 03/09/2008 08 03/09/08 09:14  DIFF) BLOOD STA  t: 03/09/2008 08 03/09/08 08:53	DOCTO VA FORM 10  CTOR'S O each entry including the order  STAT I LB 8:45  Req AT I LB 8:45	R'S ORDERS  -1158  RDERS  luding standing orders s must be recorded    SIGNATURES  /es/SANJAYKUMAR J DOS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J OSSTAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J DOSHI, SANJAYKUMAR J
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30  MEDICAL RECORD NOTE: Physician's Date and time for DATE & TIME   03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD	/2009 09:5  /2009 09:5  signature instituti  AMYLASE ( #47913 NTEREDStar Stop: CBC (WITH #47913 NTEREDStar Stop: LIPASE (CNTEREDStar Stop:	DO O  must accompany ng and disconting ORDERS CX) BLOOD SERUM t: 03/09/2008 08 03/09/08 09:14  DIFF) BLOOD STA t: 03/09/2008 08 03/09/08 08:53 X) BLOOD SERUM t: 03/09/2008 08 03/09/08 09:18	DOCTO VA FORM 10  CTOR'S O each entry inc nuing the order  STAT I LB 8:45  Req AT I LB 8:45  Req LB #47913	R 'S ORDERS  -1158  R D E R S  luding standing orders s must be recorded    SIGNATURES  /es/SANJAYKUMAR J DOS STAFF PHYSICIAN(CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30  MEDICAL RECORD NOTE: Physician's Date and time for DATE & TIME   03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD	/2009 09:5  /2009 09:5  D signature instituti  AMYLASE ( #47913 NTEREDStar Stop: CBC (WITH #47913 NTEREDStar Stop: LIPASE (CNTEREDStar Stop: COMPREHEN:	Date: 06/30/200  D O O  must accompany ng and disconting ORDERS  CX) BLOOD SERUM ORDERS  CX) BLOOD SERUM ORDERS OR	DOCTO VA FORM 10  CTOR'S O each entry including the order  STAT I LB 8:45  Req AT I LB 8:45  Req CANEL BLOOD  Req	R'S ORDERS  -1158  R D E R S  luding standing orders must be recorded    SIGNATURES  /es/SANJAYKUMAR J DOS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J OS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J OS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30 MEDICAL RECORD NOTE: Physician's Date and time for DATE & TIME   03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD	/2009 09:5  /2009 09:5  signature instituti  AMYLASE ( #47913 NTEREDStar Stop: CBC (WITH #47913 NTEREDStar Stop: COMPREHENSERUM STAN NTEREDSTAR SERUM STAN NTEREDSTAR SERUM STAN NTEREDSTAR STOP:  MAGNESIUM #47913	DO G  must accompany ng and disconting ORDERS CX) BLOOD SERUM St. 03/09/2008 08 03/09/08 09:14  DIFF) BLOOD STA  t: 03/09/2008 08 03/09/08 08:53  X) BLOOD SERUM St. 03/09/2008 08 03/09/08 09:18 SIVE METABOLIC BT T I LB #47913 t: 03/09/2008 08 03/09/08 09:14  (CX) BLOOD SERUM	DOCTO VA FORM 10  CTOR'S O each entry including the order  STAT I LB  8:45  AT I LB  8:45  Req  AT I LB  8:45  Req  Req: CANEL BLOOD  Req: CANEL BLOOD  Req: CANEL BLOOD  Req: CANEL BLOOD  Req: CANEL BLOOD	R 'S ORDERS  -1158  R D E R S  luding standing orders s must be recorded   SIGNATURES  /es/SANJAYKUMAR J DOS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J DOS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J
LOC: ZZZPATEL ROOM/Bed: Printed: 06/30, MEDICAL RECORNOTE: Physician's Date and time for DATE & TIME   03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD 03/09/2008 08:10 ELECTRONICALLY ENSD	/2009 09:5  /2009 09:5  signature instituti  AMYLASE ( #47913 NTEREDStar Stop:  CBC (WITH #47913 NTEREDStar Stop:  LIPASE (CNTEREDStar Stop:  COMPREHEN: SERUM STA: NTEREDStar Stop:  MAGNESIUM #47913 JTEREDStar	DO G  must accompany ng and disconting ORDERS CX) BLOOD SERUM St. 03/09/2008 08 03/09/08 09:14  DIFF) BLOOD STA  t: 03/09/2008 08 03/09/08 08:53  X) BLOOD SERUM St. 03/09/2008 08 03/09/08 09:18 SIVE METABOLIC BT T I LB #47913 t: 03/09/2008 08 03/09/08 09:14  (CX) BLOOD SERUM	DOCTO VA FORM 10  CTOR'S O each entry including the order  STAT I LB  8:45  Req AT I LB  8:45  Req AT I LB #47913  Req: CANEL BLOOD	R 'S ORDERS  -1158  R D E R S  luding standing orders s must be recorded   SIGNATURES  /es/SANJAYKUMAR J DOS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J OSSTAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J /es/SANJAYKUMAR J DOS STAFF PHYSICIAN (CARD 03/09/2008 08:10 DOSHI, SANJAYKUMAR J

Jun 30, 2009@09:50:42 Report Display LASKOWSKI, STANLEY P III DULOXETINE CAP, ORAL 20MG TAKE ONE CAPSULE BY MOUTH EVERY OTHER 03/10/2008 15:20 DAY Quantity: 15 Refills: 6 <Requesting Physician Cancelled> N Start: 03/10/2008 Stop: 03/19/08 17:20 SERVICE CORRECTION MJH Req: SANTOS, FRANCISCO F PHARMACY NONFORMULARY REQUEST Cons 03/10/2008 15:10 /es/FRANCISCO F SANT( STAFF PSYCHIATRIST B 03/10/2008 15:10 Consultant's Choice
ELECTRONICALLY ENTEREDStart: 03/10/2008 15:10
FFS Stop: 03/10/08 16:01 SANTOS, FRANCISCO F Req: DULOXETINE CAP, ORAL 20MG
TAKE 1 CAPSULE BY MOUTH EVERY OTHER 03/10/2008 15:02 DAY /es/FRANCISCO F SANT( STAFF PSYCHIATRIST B 03/10/2008 15:10 Req: SANTOS, FRANCISCO F D3/10/2008 14:23 Discontinue TRAMADOL TAB 50MG
TAKE ONE TABLET BY MOUTH EVERY 8
HOURS AS NEEDED
Quantity: 12 Refills: 0
<Réquesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 03/10/2008
SS Stop: 03/10/08 14:24 03/10/2008 14:23 /es/STEPHEN A SCHARDI PHYSICIAN ASSISTANT 03/10/2008 14:24 Req: SCHARDING, STEPHEN A 03/10/2008 14:16 Discontinue CITALOPRAM TAB 20MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
MORNING FOR 10 DAYS, THEN TAKE ONE
TABLET EVERY MORNING AFTER MEAL
Quantity: 30 Refills: 6
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 03/04/2008
SS Stop: 03/10/08 14:24 03/10/2008 14:16 /es/STEPHEN A SCHARDI PHYSICIAN ASSISTANT 03/10/2008 14:24 Req: SCHARDING, STEPHEN A EEG-OUTPATIENT Cons Consultant's 03/10/2008 14:06 /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI, 03/10/2008 14:06 Req: PATEL, INDUBHAI M Choice ELECTRONICALLY ENTEREDStart: 03/10/2008 14:06 IMP Stop: 03/10/08 14:13 LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 DOCTOR'S MEDICAL RECORD ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded SIGNATURES DATE & TIME | ORDERS KETOROLAC INJ 30MG/ML INJECT 60 MG INTRAMUSCULARLY NOW Quantity: 1 Refills: 0 DN Start: 03/10/2008 Stop: 04/08/08 03/10/2008 13:55 SERVICE CORRECTION Req: DOSHI, SANJAYKUMAR J TRAMADOL TAB 50MG
TAKE ONE TABLET BY MOUTH EVERY 8
HOURS AS NEEDED
Quantity: 12 Refills: 0
<Requesting Physician Cancelled>
N Start: 03/10/2008 03/10/2008 13:55 SERVICE CORRECTION

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@09:50:42 Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded ORDERS DATE & TIME | SIGNATURES Discontinue DIVALPROEX TAB, SA, 24HR (EXTENDED RELEASE) 500MG
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET AT BEDTIME 03/19/2008 17:19 Ouantity: 60 Refills: 3
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 03/17/2008
rbw Stop: 03/19/08 17:20 /es/ROBERT B WEBSTER PSYCHIATRIST 03/19/2008 17:20 Reg: WEBSTER, ROBERT B DIVALPROEX TAB, SA, 24HR (EXTENDED RELEASE) 500MG
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET AT 03/17/2008 13:52 BEDTIME Ouantity: 60 Refills: 3 <Requesting Physician Cancelled> N Start: 03/17/2008 Stop: 03/19/08 17:20 SERVICE CORRECTION Req: WEBSTER, ROBERT B 03/17/2008 13:45 VALPROIC ACID BLOOD SERUM SP LB /es/ROBERT B WEBSTER
PSYCHIATRIST
03/17/2008 13:45
Req: WEBSTER, ROBERT B **‡53995** ELECTRONICALLY ENTEREDStart: 03/24/2008 10:19 rbw Stop: 03/24/08 11:53 03/17/2008 13:45 HEPATIC FUNCTION PANEL BLOOD SERUM SP ELECTRONICALLY ENTEREDStart: 03/24/2008 10:19 rbw Stop: 03/24/08 11:18 /es/ROBERT B WEBSTER
PSYCHIATRIST
03/17/2008 13:45
Req: WEBSTER, ROBERT B >> SCHEDULE RETURN TO CLINIC on 3/31 at 1030am 03/17/2008 13:43 /es/ROBERT B WEBSTER
PSYCHIATRIST
03/17/2008 13:43
Req: WEBSTER, ROBERT B ELECTRONICALLY ENTEREDStart: 03/17/2008 13:43 rbw Stop: 03/22/08 rbw DIVALPROEX TAB, SA, 24HR (EXTENDED RELEASE) 500MG
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS THEN TAKE TWO TABLET BY MOUTH AT BEDTIME for mood 03/17/2008 13:40 stabilization
Quantity: 57 Refills: 3
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 03/17/2008
rbw Stop: 03/19/08 17:20 /es/ROBERT B WEBSTER
PSYCHIATRIST
03/17/2008 13:43
Req: WEBSTER, ROBERT B LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009
ROOM/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME ORDERS SIGNATURES

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@09.50.42 03/24/2008 10:04
Req: HOGG, JUDITH E
/es/JUDITH E HOGG,
STAFF NEUROLOGIST
03/24/2008 10:04
Req: HOGG, JUDITH E Stop: 03/24/08 10:17 03/24/2008 09:58 MAGNETIC IMAGE, BRAIN ELECTRONICALLY ENTEREDStart: 04/01/2008 14:30 JEH Stop: 04/29/08 20:29 03/21/2008 13:28 WRITTEN JS CBC (WITH DIFF) BLOOD SP LB #57306 Start: 04/01/2008 Req: 03/21/2008 13:28 Req: BUZANOWICZ, MARCELLA LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded ORDERS SIGNATURES RISPERIDONE TAB 1MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
MORNING FOR MOOD STABILIZATION
Quantity: 15 Refills: 0
ION Start: 03/20/2008
Stop: 04/19/08 03/20/2008 14:59 SERVICE CORRECTION MJH HYDROXYZINE PAMOATE CAP, ORAL 25MG TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE 1 OR 03/20/2008 14:45 Req: WEBSTER, ROBERT B TABS Quantity: 60 Refills: 3 <Requesting Physician Cancelled> N Start: 03/20/2008 Stop: 03/24/08 15:38 SERVICE CORRECTION MJH 03/20/2008 14:07 HYDROXYZINE PAMOATE CAP, ORAL 25MG TAKE 1 CAPSULE BY MOUTH TWICE A DAY AS NEEDED for anxiety, may take 1 or Req: WEBSTER, ROBERT B tabs /es/ROBERT B WEBSTER
PSYCHIATRIST
03/20/2008 14:08
Req: WEBSTER, ROBERT B 03/20/2008 14:06 RISPERIDONE TAB 1MG
TAKE ONE-HALF TABLET BY MOUTH EVERY
MORNING for mood stabilization
Quantity: 15 Refills: 0
ELECTRONICALLY ENTEREDStart: 03/20/2008
rbw Stop: 04/19/08 03/20/2008 14:06 /es/ROBERT B WEBSTER
PSYCHIATRIST
03/20/2008 14:08
Req: WEBSTER, ROBERT B 03/19/2008 17:20 Discontinue DULOXETINE CAP, ORAL 20MG TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY Quantity: 15 Refills: 6 
Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDSTART: 03/10/2008 /es/ROBERT B WEBSTER
PSYCHIATRIST
03/19/2008 17:20
Req: WEBSTER, ROBERT B Stop: 03/19/08/17:20 LASKOWSKI, STANLEY P III Loc: ZZZPATEL I PRICARE Date: 06/30/2009 Room/Bed: MEDICAL RECORD DOCTOR'S

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Report Display
                                                                                                                  Jun 30. 2009@09:50:42
      LAŠKOWSKI, ŠTANLEY P III
     Req: PATEL, INDUBHAI M
      D4/23/2008 16:12 RISPERIDONE TAB 2MG
TAKE ONE-HALF TABLET BY MOUTH TWICE A
DAY for mood stabilization
Quantity: 30 Refills: 2
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 04/24/2008
rbw Stop: 07/11/08 11:00
                                                                                                            Req: WEBSTER, ROBERT B
     04/23/2008 16:12
                                                                                                                      /es/ROBERT B WEBSTER
PSYCHIATRIST
04/23/2008 16:30
      O3/25/2008 21:49 HYDROXYZINE HCL TAB 10MG
TAKE ONE TABLET BY MOUTH TWICE A DAY
AS NEEDED FOR ANXIETY
Quantity: 60 Refills: 3
<Requesting Physician Cancelled>
SERVICE CORRECTION Start: 03/25/2008
RBK Stop: 07/11/08 11:00
                                                                                                            Req: WEBSTER, ROBERT B
     03/25/2008 21:49
     RBK
                                                                                                           Req: WEBSTER, ROBERT B
        LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                          MEDICAL RECORD
                                                                                             DOCTOR'S
                                                                                                                                ORDERS
         Printed: 06/30/2009 09:50
                                                                                             VA FORM 10-1158
          MEDICAL RECORD
                                                                         DOCTOR'S ORDERS
  NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
    DATE & TIME
                                                              ORDERS
                                                                                                                 SIGNATURES
  03/24/2008 15:38 HYDROXYZINE HC1 TAB 10MG
TAKE ONE TABLET BY MOUTH TWICE A DAY
AS NEEDED for anxiety
Quantity: 60 Refills: 3
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 03/25/2008
rbw Stop: 07/11/08 11:00
                                                                                                        /es/ROBERT B WEBSTER
PSYCHIATRIST
03/24/2008 15:38
Req: WEBSTER, ROBERT B
 03/24/2008 15:30 Discontinue HYDROXYZINE PAMOATE
CAP, ORAL 25MG
TAKE ONE CAPSULE BY MOUTH TWICE A DAY
AS NEEDED FOR ANXIETY, MAY TAKE 1 OR
                                      TABŞ
  /es/ROBERT B WEBSTER
PSYCHIATRIST
03/24/2008 15:38
Req: WEBSTER, ROBERT B
03/24/2008 10:28 NON VA SERVICES (FEE) TBI Cons
Consultant's Choice
ELECTRONICALLY ENTEREDStart: 03/24/2008 10:28
JEH Stop: 06/20/08 08:51
                                                                                                      /es/JUDITH E HOGG, MD
STAFF NEUROLOGIST
03/24/2008 10:28
Req: HOGG, JUDITH E
/es/JUDITH E HOGG, MD
STAFF NEUROLOGIST
03/24/2008 10:06
Req: HOGG, JUDITH E
03/24/2008 10:05 >> SCHEDULE after tests
ELECTRONICALLY ENTEREDStart: 03/24/2008 10:06
JEH Stop: 03/31/08
 03/24/2008 10:03 GENERAL PSYCHOLOGY-OUTPATIENT Cons
Consultant's Choice
COISCONTINUED BY SERVICE>
ELECTRONICALLY ENTEREDStart: 03/24/2008 10:04
03/24/2008 10:03
                                                                                                               /es/JUDITH E HOGG, MD STAFF NEUROLOGIST
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Report Display
LASKOWSKI, STANLEY P III
                                                                                                                Jun 30, 2009@09:50.42
       es/ROBERT B WEBSTE
                                                                                                            PSYCHIATRIST 07/11/2008 11:00 Req: WEBSTER, ROBERT B
      06/05/2008 14:22
                                       MULTIVITAMINS TAB MULTIVITAMIN
                                        TABLETS
                                       TABLE 1 TABLET BY MOUTH EVERY DAY Quantity: 100 Refills: 2
N Start: 06/28/2008
Stop: 06/06/09
       SERVICE CORRECTION
                                      CAPSAICIN 0.075% CREAM, TOP 0.075% APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA Quantity: 120 Refills: 3
N Start: 06/05/2008
Stop: 06/06/09
                                                                                                           Req: PATEL, INDUBHAI M
     06/05/2008 14:22
      SERVICE CORRECTION
                                                                                                           Req: PATEL, INDUBHAI M
                                      ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS
AS NEEDED
    06/05/2008 14:21
                                      Quantity: 180 Refills: 1
<Requesting Physician Cancelled>
N Start: 06/05/2008
Stop: 08/07/08 11:41
      SERVICE CORRECTION
                                                                                                          Req: PATEL, INDUBHAI M
                                     Renew ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS
   06/05/2008 14:02
                                     AS NEÉDED
    Quantity: 180 Refills: 1

<Requesting Physician Cancelled>

ELECTRONICALLY ENTEREDStart: 06/05/2008

IMP Stop: 08/07/08 11:41
                                                                                                         /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
06/05/2008 14:02
Req: PATEL,INDUBHAI M
   06/05/2008 14:02
                                    Renew MULTIVITAMINS TAB MULTIVITAMIN
                                     TABLETS
    TAKE 1 TABLET BY MOUTH EVERY DAY Quantity: 100 Refills: 2
ELECTRONICALLY ENTEREDStart: 06/28/2008
IMP Stop: 06/06/09
                                                                                                        /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI,
06/05/2008 14:02
Req: PATEL, INDUBHAI M
   LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                        MEDICAL RECORD
                                                                                          DOCTOR'S
                                                                                                                            ORDERS
       Printed: 06/30/2009 09:50
                                                                                          VA FORM 10-1158
        MEDICAL RECORD
                                                                        DOCTOR'S
                                                                                                          ORDERS
NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
  DATE & TIME
                                                           ORDERS
                                                                                                                    SIGNATURES
                                 Renew CAPSAICIN 0.075% CREAM, TOP 0.075% APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA to affected area TO AFFECTED AREA TWICE DAILY
06/05/2008 14:02
 Quantity: 120 Refills: ELECTRONICALLY ENTEREDStart: 06/05/2008 IMP Stop: 06/06/09
                                                                                                     /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI,
06/05/2008 14:02
Req: PATEL, INDUBHAI M
04/29/2008 13:16 PAIN EVALUATION CLINIC-OUTPATIENT Cons Consultant's Choice ELECTRONICALLY ENTEREDStart: 04/29/2008 13:16 IMP Stop: 05/01/08 11:14
04/29/2008 13:16
                                                                                                              /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI,
04/29/2008 13:16
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      Report Display
LASKOWSKI, STANLEY P III
                                                                                                                            Jun 30, 2009@19.50.
     NOTE: Physician's signature must accompany each entry including standing order: Date and time for instituting and discontinuing the orders must be recorded
        DATE & TIME
                                                                       ORDERS
                                                                                                                                     SIGNATURES
                                           ZOLPIDEM TAB 10MG
TAKE ONE TABLET BY MOUTH AT BEDTIME
      08/04/2008 14:52
                                           AS NEEDED
       SERVICE CORRECTION Start: 08/04/2008
JF Stop: 09/03/08
                                                                                                                      Reg: BRYSKI, ALAN L
     08/04/2008 14:48
                                          ZOLPIDEM TAB 10MG
TAKE ONE TABLET BY MOUTH QHS (BEDTIME)
AS NEEDED
      Quantity: 14 Refills: (ELECTRONICALLY ENTEREDStart: 08/04/2008 ALB Stop: 09/03/08
                                                                                                                     /es/ALAN L BRYSKI, 1
Physician Assistant
08/04/2008 14:49
Req: BRYSKI, ALAN L
                                         ACETAMINOPHEN /BUTALBITAL/CAFFEINE
TAB BUTALBITAL CPD & APAP TAB
TAKE 1 TABLET BY MOUTH EVERY 6 HOUR
AS NEEDED FOR PAIN AND HEADACHE
Quantity: 30 Refills: 0
<Discontinued by Pharmacy>
N Start: 07/30/2008
Stop: 08/12/08
     07/30/2008 22:30
      SERVICE CORRECTION CEY
                                                                                                                     Req: PATEL, INDUBHAI M
     7/30/2008 15:14 NEUROLOGY-OUTPATIENT Cons
Consultant's Choice WITHIN 1 WEEK
ELECTRONICALLY ENTEREDStart: 07/30/2008 15:15
IMP Stop: 08/29/08 11:03
    07/30/2008 15:14
                                                                                                                     /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI,
07/30/2008 15:15
Req: PATEL, INDUBHAI M
    O7/30/2008 15:03 ACETAMINOPHEN /BUTALBITAL/CAFFEINE
TAB BUTALBITAL CPD & APAP TAB
TAKE ONE TABLET BY MOUTH O6HR AS
NEEDED AS NEEDED FOR PAIN AND
HEADACHE
Quantity: 30 Refills: 0
<Discontinued by Pharmacy>
ELECTRONICALLY ENTEREDStart: 07/30/2008
IMP Stop: 08/12/08
   07/30/2008 15:03
                                                                                                                   /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI,
07/30/2008 15:11
Req: PATEL,INDUBHAI M
   O7/11/2008 11:00 Discontinue HYDROXYZINE HC1 TAB 10MG
TAKE ONE TABLET BY MOUTH TWICE A DAY
AS NEEDED FOR ANXIETY
Quantity: 60 Refills: 3
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 03/25/2008
rbw Stop: 07/11/08 11:00
  07/11/2008 11:00
                                                                                                                  /es/ROBERT B WEBSTER
PSYCHIATRIST
07/11/2008 11:00
Req: WEBSTER, ROBERT B
   LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                                  MEDICAL RECORD
                                                                                                   DOCTOR'S ORDERS
      Printed: 06/30/2009 09:50
                                                                                                   VA FORM 10-1158
        MEDICAL RECORD
                                                                              DOCTOR'S ORDERS
NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
 DATE & TIME
                                                                 ORDERS
                                                                                                                              SIGNATURES
07/11/2008 11:00 Discontinue RISPERIDONE TAB 2MG
TAKE ONE-HALF TABLET BY MOUTH TWICE A
DAY FOR MOOD STABILIZATION
Quantity: 30 Refills: 2
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Report Display LASKOWSKI,STANLEY P III Jun 30, 2009@09:50. ELECTRONICALLY ENTERED STAFF PHYSICIAN, 08/07/2008 11:02 Req: PATEL, INDUBHAI M PR. Stop: 08/07/08 11:02 LASKOWSKI, STANLEY P III
LOC: ZZZPATEL I PRICARE Date: 06/30/2009
ROOM/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME | ORDERS SIGNATURES Renew ACETAMINOPHEN /CODEINE TAB ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS 08/07/2008 11:01 Quantity: 180 Refills: 1
<Requesting Physician Cancelled>
IMP AS NEEDED /es/INDUBHAI M PATEL, STAFF PHYSICIAN, PRI 08/07/2008 11:01 Req: PATEL, INDUBHAI M /es/ALAN L BRYSKI, PA Physician Assistant 08/05/2008 15:59 Req: BRYSKI, ALAN L Stop: 08/07/08 11:02 08/05/2008 15:59 >> SCHEDULE 3-4 weeks ELECTRONICALLY ENTEREDStart: 08/05/2008 15:59 ALB Stop: 08/12/08 08/05/2008 09:57 PHENYTOIN CAP, SA 100MG TAKE THREE CAPSULES BY MOUTH EVERY DAY Ouantity: 270 Refills: 3
SERVICE CORRECTION Start: 08/05/2008
MAS Stop: 08/06/09 Req: KHAN, IQBAL A 08/05/2008 09:53 PHARMACY NONFORMULARY REQUEST Cons Consultant's Choice ELECTRONICALLY ENTEREDStart: 08/05/2008 09:53 IK Stop: 08/05/08 10:38 08/05/2008 09:53 /es/IQBAL A KHAN
STAFF PHYSICIAN (NEUR
08/05/2008 09:53
Req: KHAN, IQBAL A
/es/IQBAL A KHAN
STAFF PHYSICIAN (NEUR
08/05/2008 09:49
Req: KHAN, IQBAL A 08/05/2008 09:48 DILANTIN BLOOD 08/05/2008 09:48 DILANTIN BLOOD SERUM SP LB #162280 ELECTRONICALLY ENTEREDStart: 08/21/2008 08/05/2008 09:47 >> SCHEDULE 3-4 mths
SCHEDULE PATIENT FOR LAB WORK ON
SPECIFIC DATE
LABWORK FASTING? NO
ELECTRONICALLY ENTEREDStart: 08/05/2008 09:49
IK Stop: 08/12/08 08/05/2008 09:47 /es/IQBAL A KHAN STAFF PHYSICIAN(NEUR 08/05/2008 09:49 Req: KHAN, IQBAL A 08/05/2008 09:46 PHENYTOIN CAP SA 100MG
TAKE 3 CAPSULES BY MOUTH QD ASAP
QUANTITY: 270 Refills: 3
ELECTRONICALLY ENTEREDSTART: 08/05/2008
IK Stop: 08/06/09 08/05/2008 09:46 /es/IQBAL A KHAN STAFF PHYSICIAN(NEUR 08/05/2008 09:46 Req: KHAN, IQBAL A LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS

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Report Display LASKOWSKI,STANLEY P III Jun 30, 2009@09:50:42 <Renewed by Pharmacy>
Start: 09/08/2008
Stop: 09/29/08 WRITTEN MJH 09/08/2008 14:01 Discontinue

ASPIRIN/BUTALBITAL/CAFFEINE/CODEINE
CAP,ORAL FIORINAL # 3 (30MG CODEINE)
TAKE 1 CAPSULE BY MOUTH FOUR TIMES FOR AS NEEDED
Quantity: 120 Refills: 1
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 08/08/2008
IK Stop: 09/08/08 14:02 Req: KHAN, IQBAL A 09/08/2008 14:01 /es/IQBAL A KHAN STAFF PHYSICIAN(NEUR 09/08/2008 14:02 Req: KHAN, IQBAL A 09/08/2008 13:59 >> SCHEDULE 6 mths SCHEDULE PATIENT FOR NO LAB WORK ORDERED LABWORK FASTING? NO ELECTRONICALLY ENTEREDStart: 09/08/2008 14:02 IK Stop: 09/15/08 /es/IQBAL A KHAN STAFF PHYSICIAN (NEUR 09/08/2008 14:02 Req: KHAN, IQBAL A LASKOWSKI, STANLEY P III 198-66-7220 Loc: ZZZPATEL I PRICARE Date: 06/30/2009 Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME ORDERS SIGNATURES ASPIRIN/BUTALBITAL/CAFFEINE/CODEINE CAP,ORAL FIORINAL # 3 (30MG CODEINE) TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED Quantity: 120 Refills: 1 <Requesting Physician Cancelled> ON Start: 08/08/2008 Stop: 09/08/08 14:02 08/08/2008 10:06 SERVICE CORRECTION Req: KHAN, IQBAL A 08/07/2008 11:41 Discontinue ACETAMINOPHEN /CODEINE TAB ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BI MOC...

AS NEEDED
Quantity: 180 Refills: 1
<Requesting Physician Cancelled>
ELECTRONICALLY ENTEREDStart: 06/05/2008
IK Stop: 08/07/08 11:41 TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS /es/IQBAL A KHAN STAFF PHYSICIAN (NEUR 08/07/2008 11:41 Req: KHAN, IQBAL A ASPIRIN/BUTALBITAL/CAFFEINE/CODEINE CAP,ORAL FIORINAL # 3 (30MG CODEINE) TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED 08/07/2008 11:40 /es/IQBAL A KHAN
STAFF PHYSICIAN(NEUR
08/07/2008 11:40
Req: KHAN, IQBAL A 08/07/2008 11:02 Discontinue ACETAMINOPHEN /CODEINE TAB ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS Quantity: 180 Refills: 1 <Requesting Physician Cancelled> /es/INDUBHAI M PATEL,

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     Report Display
LASKOWSKI, STANLEY P III
                                                                                                                          Jun 30, 2009@<u>09:50:42</u>
      as needed for pain
Quantity: 180 Refills: 5
<Renewed by Pharmacy>
ELECTRONICALLY ENTEREDStart: 10/07/2008
IMP Stop: 05/03/09
                                                                                                                        /es/INDUBHAI M PATEL
STAFF PHYSICIAN, PRI
10/06/2008 15:55
Req: PATEL, INDUBHAI M
     09/29/2008 14:03 Renew ACETAMINOPHEN 300MG WITH
CODEINE 30MG
TAKE 1 TABLET BY MOUTH EVERY 8 HOURS
AS NEEDED HIP AND LOWER BACK PAIN
Quantity: 90 Refills: 0
ELECTRONICALLY ENTEREDStart: 10/08/2008
IMP Stop: 10/06/08
    09/29/2008 14:03
                                                                                                                                    /es/INDUBHAI M PATEL
STAFF PHYSICIAN, PRI
09/29/2008 14:04
                                                                                                                        Req: PATEL, INDUBHAI M
     09/11/2008 18:33 DIPHENHYDRAMINE CAP, ORAL 25MG
TAKE ONE CAPSULE BY MOUTH AT BEDTIME
AS NEEDED FOR SINUS. DO NOT DRIVE
WHILE ON MEDICATION.
Quantity: 30 Refills: 1
SERVICE CORRECTION Start: 09/11/2008
CEY Stop: 09/12/09
    09/11/2008 18:33
                                                                                                                       Req: PATEL, INDUBHAI M
/es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
09/11/2008 13:36
Req: PATEL, INDUBHAI M
   09/11/2008 13:36 CBC (WITH DIFF) BLOOD SP LB #199905 ELECTRONICALLY ENTEREDStart: 03/11/2009
    09/11/2008 13:36 COMPREHENSIVE METABOLIC PANEL BLOOD
SERUM SP LB #199905
ELECTRONICALLY ENTEREDStart: 03/11/2009
   09/11/2008 13:36
                                                                                                                      /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
09/11/2008 13:36
Req: PATEL, INDUBHAI M
                                         LIPID PROFILE BLOOD SERUM SP LB #199905
   09/11/2008 13:36
                                                                                                                      /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
09/11/2008 13:36
Req: PATEL, INDUBHAI M
    ELECTRONICALLY ENTEREDStart: 03/11/2009
    LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed:
                                                                                                                      MEDICAL RECORD
                                                                                                       DOCTOR'S
                                                                                                                                              ORDERS
        Printed: 06/30/2009 09:50
                                                                                                       VA FORM 10-1158
                                                                                  DOCTOR'S ORDERS
         MEDICAL RECORD
 NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded
   DATE & TIME
                                                                  ORDERS
                                                                                                                                     SIGNATURES
                                       >> SCHEDULE oa in 6 months
SCHEDULE PATIENT FOR LAB WORK BEFORE
NEXT VISIT
 09/11/2008 13:36
  LABWORK FASTING? YES
ELECTRONICALLY ENTEREDStart: 09/11/2008 13:36
IMP Stop: 09/18/08
                                                                                                                                 /es/INDUBHAI M PATEL,
                                                                                                                    STAFF PHYSICIAN, PRI
09/11/2008 13:36
Req: PATEL, INDUBHAI M
 09/11/2008 13:25 DIPHENHYDRAMINE CAP,ORAL 25MG
TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS
NEEDED take as needed for sinus do
not drive while on meds
Ouantity: 30 Refills: 1
ELECTRONICALLY ENTEREDStart: 09/11/2008
IMP Stop: 09/12/09
09/11/2008 13:25
                                                                                                                   /es/INDUBHAI M PATEL,
STAFF PHYSICIAN, PRI
09/11/2008 13:25
Req: PATEL, INDUBHAI M
                                     ACETAMINOPHEN /CODEINE TAB
ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 1 TABLET BY MOUTH EVERY 8 HOURS
AS NEEDED HIP AND LOWER BACK PAIN
Quantity: 90 Refills: 0
09/08/2008 14:45
                                                                       MIT
```

Report Display LASKOWSKI, STANLEY P III Jun 30, 2009@09.50.42 Chart Copy Summary MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME ORDERS SIGNATURES Renew ACETAMINOPHEN 300MG WITH
CODEINE 30MG
TAKE 1-2 TABLETS BY MOUTH EVERY 8
HOURS AS NEEDED FOR HIP AND LOWER
BACK PAIN
Quantity: 180 Refills: 5
ELECTRONICALLY ENTEREDStart: 05/03/2009
IMP Stop: 11/01/09 05/01/2009 13:32 /es/INDUBHAI M PATEL STAFF PHYSICIAN, PRI 05/01/2009 13:33 Req: PATEL, INDUBHAI M >> SCHEDULE 6 mths SCHEDULE PATIENT FOR NO LAB WORK 01/08/2009 12:02 ORDERED LABWORK FASTING? NO ELECTRONICALLY ENTEREDStart: 01/08/2009 12:03 IK Stop: 01/15/09 /es/IQBAL A KHAN STAFF PHYSICIAN(NEUR 01/08/2009 12:03 Req: KHAN, IQBAL A 10/30/2008 17:53 WB CLERICAL SUPPORT FOLLOWUP FOR ORDERS-ADMIN CONSULT Cons Consultant's Choice ELECTRONICALLY ENTEREDStart: 10/30/2008 17:53 MD Stop: 10/31/08 07:22 10/30/2008 17:53 /es/MATTHEW DOOLEY STAFF PSYCHOLOGIST B 10/30/2008 17:53 Req: DOOLEY, MATTHEW .0/30/2008 17:52 >> SCHEDULE in Dooley II in 1 month+, before 4pm in Dooley II in 1 month+, before 4pm ELECTRONICALLY ENTEREDStart: 10/30/2008 17:53 MD Stop: 11/06/08 10/30/2008 17:52 /es/MATTHEW DOOLEY STAFF PSYCHOLOGIST B 10/30/2008 17:53 Req: DOOLEY, MATTHEW 10/07/2008 19:41 ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 1-2 TABLETS BY MOUTH EVERY 8
HOURS AS NEEDED FOR HIP AND LOWER
BACK PAIN
Quantity: 180 Refills: 5
<Renewed by Pharmacy>
SERVICE CORRECTION Start: 10/07/2008
JJV Stop: 05/03/09 10/07/2008 19:41 Req: PATEL, INDUBHAI M LASKOWSKI, STANLEY P III
Loc: ZZZPATEL I PRICARE Date: 06/30/2009
Room/Bed: MEDICAL RECORD DOCTOR'S ORDERS Printed: 06/30/2009 09:50 VA FORM 10-1158 MEDICAL RECORD DOCTOR'S ORDERS NOTE: Physician's signature must accompany each entry including standing orders Date and time for instituting and discontinuing the orders must be recorded DATE & TIME | ORDERS SIGNATURES 10/06/2008 15:55 Change ACETAMINOPHEN /CODEINE TAB
TAKE TWO TABLETS ACETAMINOPHEN 300MG
WITH CODEINE 30MG BY MOUTH EVERY 8
HOURS AS NEEDED hip and lower back
pain take one to two tabs every 8 hr

Out	patient Medications KOWSKI, STANLEY P III			9@ <u>10:02:39</u> (31)
Pri	mCare: PATEL, I Current View: 01/01/07	eam: GENERAL thru 06/26/09	3	<a></a>
	Medication	Kequestor	Expires	
30	*MULTIVITAMIN TABLETS OCY: 100 for 90	LUCAS, E	01/10/03	discontinu∈
31	Last Filled: 03/30/08, 1 refill(s) left *QUETIAPINE 100MG TAB Qty: 15 for 30	LUCAS, E	01/10/09	discontinue
32	Sig: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME Last Filled: 01/10/08, 2 refill(s) left *FLUOXETINE 20 MG CAP Qty: 30 for 30	BHATIA, A	02/04/09	dc/edit
	days Sig: TAKE ONE CAPSULE BY MOUTH EVERY MORNING AFTER MEAL		•	•
33	MORNING AFTER 102/04/08, 6 refill(s) left *FIORINAL # 3 (30MG CODEINE) Qty: 120 for 30 days Sig: TAKE 1 CAPSULE BY MOUTH FOUR TIMES	KHAN, I	02/07/09	discontinue
34	A DAY AS NEEDED Last Filled: 08/08/08, 1 refill(s) left *FLUOXETINE 20 MG CAP Qty: 60 for 30	BHATIA, A	02/11/09	discontinue
	days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS			
35	Last Filled: 03/02/08, 5 Feffill(s) left *CAPSAICIN 0.075% CREAM (GM) Qty: 120	PATEL, I	02/15/09	discontinue
36	Sig: APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA Last Filled: 05/05/08, 0 refill(s) left *TRAMADOL 50MG TAB Oty: 180 for 30 days Sig: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR	PATEL, I	02/25/09	discontinue
37	PAIN Last Filled: 02/25/08, 7 refill(s) left *CITALOPRAM 20MG TAB Oty: 30 for 30 days Sig: TAKE ONE-HALF TABLET BY MOUTH FULLY MODNING FOR 10 DAYS. THEN TAKE ONE	BHATIA, A	03/05/09	discontinue
38	TABLET EVERY MORNING AFTER MEAL Last Filled: 03/04/08, 6 refill(s) left *DULOXETINE 20MG CAP Oty: 15 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH EVERY	SANTOS, F	03/11/09	discontinue
39	OTHER DAY Last Filled: 03/10/08, 6 refill(s) left *DIVALPROEX ER 500MG TAB Qty: 60 for 30	WEBSTER, R	03/18/09	discontinue
	days Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET AT BEDTIME Last Filled: 03/17/08, 3 refill(s) left			
40	*HYDROXYZINE PAMOATE 25MG CAP Qty: 60 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH TWICE A	WEBSTER, R	03/21/09	discontinue
	DAY AS NEEDED FOR ANXIETY, MAY TAKE 1 OR 2 TABS Last Filled: 03/20/08, 3 refill(s) left *HYDROXYZINE 10MG TABLET Qty: 60 for 30	WEBSTER R	03/25/09	discontinue
41	days Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY		22, 23, 33	•
42	Last Filled: 04/14/08, 2 refill(s) left *ACETAMINOPHEN 300MG WITH CODEINE 30MG Oty: 180 for 30 days Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 8	PATEL, I	04/08/09	discontinue
	HOURS AS NEEDED FOR HIP AND LOWER BACK			
43	Last Filled: 03/09/09, 0 refill(s) left *RISPERIDONE 2 MG Oty: 30 for 30 days Sig: TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION Last Filled: 04/24/08, 2 refill(s) left	WEBSTER, R	04/24/09	discontinue

LAS	patient Medications KOWSKI, STANLEY P III	CENEDAL	MEDICINE	9@10:02:39
	Current View: 01/01/07	thru 06/26/09 Requestor	3	<a> Status</a>
16	days Sig: TAKE ONE TABLET BY MOUTH DAILY WITH FOOD Last Filled: 05/11/07, 2 refill(s) left *PAROXETINE 40 MG TAB Qty: 15 for 30 days	PIERCE, J	05/17/08	discontinue
17	Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY Last Filled: 01/29/08, 4 refill(s) left *BUSPIRONE 5 MG TABLET Qty: 60 for 30 days Sig: TAKE ONE TABLET BY MOUTH TWICE A	LUCAS, E	07/03/08	discontinue
18	DAY WITH MEALS Last Filled: 01/29/08, 1 refill(s) left *ACETAMINOPHEN 300MG WITH CODEINE 30MG Oty: 120 for 15 days Oty: TAKE 2 TABLETS BY MOUTH EVERY 6	PATEL, I	08/17/08	discontinue
19	HOURS AS NEEDED FOR PAIN Last Filled: 02/20/08, 0 refill(s) left *BUTALBITAL CPD & APAP TAB Qty: 30 for	PATEL, I	08/29/08	discontinue
20	Sig: TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN AND HEADACHE Last Filled: 07/30/08, 0 refill(s) left *ACETAMINOPHEN 300MG WITH CODEINE 30MG Oty: 180 for 30 days Sig: TAKE 2 TABLETS BY MOUTH EVERY 8	PATEL, I	09/03/08	discontinue
21	HOURS AS NEEDED Last Filled: 03/26/08, 0 refill(s) left *ZOLPIDEM 10 MG TAB Oty: 14 for 30 days Sig: TAKE ONE TABLET BY MOUTH AT	BRYSKI, A	09/03/08	expired
22	BEDTIME AS NEEDED Last Filled: 08/04/08, 0 refill(s) left ACETAMINOPHEN 300MG WITH CODEINE 30MG Oty: 90 for 30 days Oty: 90 for 30 days	KHAN, I	10/08/08	discontinue
23	HOURS AS NEEDED HIP AND LOWER BACK PAIN Last Filled: 09/08/08, 0 refill(s) left ACETAMINOPHEN 300MG WITH CODEINE 30MG Oty: 90 for 30 days Oty: 74KE 1 TABLET BY MOUTH EVERY 8	PATEL, I	10/29/08	dc/edit
24	HOURS AS NEEDED HIP AND LOWER BACK PAIN Last Filled: 10/08/08, 0 refill(s) left *ACETAMINOPHEN 300MG WITH CODEINE 30MG Oty: 180 for 30 days Sig: TAKE 2 TABLETS BY MOUTH EVERY 8	PATEL, I	12/06/08	discontinue
25	HOURS AS NEEDED Last Filled: 07/08/08, 0 refill(s) left *TRAMADOL 50MG TAB Oty: 180 for 30 days Sig: TAKE TWO TABLETS BY MOUTH THREE	LUCAS, E	12/14/08	dc/edit
26	TIMES A DAY UNTIL SEEN BY PRIMARY CARE Last Filled: 01/03/08, 0 refill(s) left *VENLAFAXINE EXTENDED RELEASE 75MG CAPS OLY: 30 for 30 days Sig: TAKE ONE CAPSULE BY MOUTH DAILY	LUCAS, E	12/14/08	discontinue
27	WITH FOOD Last Filled: 02/02/08, 0 refill(s) left *QUETIAPINE 200MG TAB Qty: 15 for 30 days Sig: TAKE ONE-HALF TABLET BY MOUTH AT	LUCAS, E	12/14/08	dc/edit
28	BEDTIME Last Filled: 12/14/07, 2 refill(s) left *TRAMADOL 50MG TAB Oty: 180 for 30 days Sig: TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR	PATEL, I	01/09/09	discontinue
29	PAIN Last Filled: 02/17/08, 6 refill(s) left *MIRTAZAPINE 15 MG TABLET Qty: 45 for 30	LUCAS, E	01/10/09	discontinue
	Sig: TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME	<b>N</b> A :		·

MITS

			· 20 200	9@10:02:39
LA	tpatient Medications SKOWSKI, STANLEY P III		·	31;
Pr	imCare: PATEL, I Current View: 01/01/07	eam: GENERAL thru 06/26/0	9	<a:< td=""></a:<>
ī	Medication	Requestor   KHAN,I	Expires 08/06/09	Status active
	for 90 days Sig: TAKE THREE CAPSULES BY MOUTH EVERY	į ·		
2	DAY Last Filled: 08/05/08, 3 refill(s) left *DIPHENHYDRAMINE 25 MG CAPSULES Qty: 30	PATEL, I	09/12/09	active
	for 30 days Sig: TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SINUS. DO NOT			
3	DRIVE WHILE ON MEDICATION. Last Filled: 09/11/08, 1 refill(s) left ACETAMINOPHEN 300MG WITH CODEINE 30MG	PATEL, I	11/01/09	active
3	Oty: 180 for 30 days Sig: TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR HIP AND LOWER BACK			
	PAIN Last Filled: 06/22/09, 3 refill(s) left		•	
4	*PAROXETINE HCL 20 MG TAB Qty: 27 for 30	PIERCE, J	06/16/07	expired
	Sig: TAKE ONE-HALF TABLET BY MOUTH EVERY DAY FOR 7 DAYS, THEN TAKE ONE TABLET EVERY DAY FOR 23 DAYS (WHEN THIS	<u> </u>		
	IS FINISHED BEGIN PRESCRIPTION FOR PAROXETINE 40MG 1/2 TABLET DAILY WHICH			
5	WILL BE MAILED TO YOU WITHIN 30 DAYS) Last Filled: 05/18/07, 0 refill(s) left TABLET SPLITTER Oty: 1 for 90 days Sig: USE AS DIRECTED FOR TABLET	BOROWSKI, B	07/10/07	expired
	SPLITTING Last Filled: 04/11/07, 0 refill(s) left	LUCAS, E	11/11/07	dc/edit
6	*CLONAZEPAM 0.5MG TABLET Qty: 15 for 30 days Sig: TAKE ONE-HALF TABLET BY MOUTH AT	DUCAS, E		dc/earc
7	BEDTIME WHEN YOU FALL ASLEEP AT NITE Last Filled: 05/31/07, 1 refill(s) left *CLONAZEPAM 0.5MG TABLET Qty: 60 for 30	LUCAS, E	12/05/07	dc/edit
,	days Sig: TAKE ONE TABLET BY MOUTH DAILY AND		• • •	•
8	TAKE ONE TABLET AT BEDTIME Last Filled: 07/03/07, 0 refill(s) left *CLONAZEPAM 0.5MG TABLET Qty: 90 for 30	LUCAS, E	01/16/08	expired
	days Sig: TAKE ONE TABLET BY MOUTH DAILY AND TAKE TWO TABLETS AT BEDTIME			7
9	*KETOROLAC 60 MG/2ML INJ Qty: 1 for 1	PATEL, K	03/16/08	discontinue
10	Sig: INJECT 60MG INTRAMUSCULARLY NOW Last Filled: 02/15/08, 0 refill(s) left *METHYLPREDNISOLONE 4 MG TABLETSDOSEPAK	PATEL, K	03/16/08	expired
10	Oty: 1 for 7 days Sig: TAKE TABLET(S) BY MOUTH AS DIRECTED ON DOSE PACK		00, 10, 00	
11	Last Filled: 02/15/08, 0 refill(s) left *KETOROLAC 60 MG/2ML INJ Qty: 1 for 1	DOSHI, S	04/08/08	expired
	days Sig: INJECT 60 MG INTRAMUSCULARLY NOW			<del>-</del> .
12	Last Filled: 03/10/08, 0 refill(s) left *TRAMADOL 50MG TAB Oty: 12 for 4 days Sig: TAKE ONE TABLET BY MOUTH EVERY 8	NASSAR, F	04/08/08	discontinue
13	HOURS AS NEEDED	BOROWSKI, B	04/11/08	discontinue
13	*TRAZODONE 50MG TAB Oty: 30 for 30 days Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB		-, <del>,</del> ,	
14	BEDTIME MAY START AT 1/2 TAB  Last Filled: 01/29/08, 4 refill(s) left  *RISPERIDONE 1 MG Oty: 15 for 30 days  Sig: TAKE ONE-HALF TABLET BY MOUTH	WEBSTER, R	04/19/08	expired
15	EVERY MORNING FOR MOOD STABILIZATION Last Filled: 03/20/08, 0 refill(s) left *BUPROPION HCL 100MG TAB Qty: 30 for 30	LUCAS, E	05/11/08	discontinue
TO	"BOEKOETON UCH TAANG TUD GCA. 20 TOT 20		,,	



Progress Note:

MEDICAL RECORD 04/11/2007 14:45

\*\* CONTINUED FROM PREVIOUS PAGE \*\*

Total score in the range of 3-6 (positive screen). CONTACT PSYCHOLOGY SERVICE.

SCREEN FOR ALCOHOL (AUDIT-C)
An alcohol screening test (AUDIT-C) was positive (score=5).

- 1. How often did you have a drink containing alcohol in the past year? Two to four times a month
- 2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? 5 or 6

3. How often did you have six or more drinks on one occasion in the past year? Less than monthly SCREEN FOR GI SYMPTOMS

The patient reports no GI symptoms.

SCREEN FOR FEVER
The patient reports no unexplained fevers.

SCREEN FOR SKIN RASH/LESIONS
The patient reports no persistent skin rash.

SCREEN FOR OTHER SYMPTOMS
The patient reports having other physical symptoms that have lasted 3 months or longer and have interfered with ADLs.

Symptoms: joint pains, headaches

RESULTS OF PTSD SCREENING
(a 'yes' answer to 3 or more of the above questions is a positive screen). Each "YES" is a score of ONE.

Tally the points and record the score as 0-4.

The score for this veteran's screening was: 1
The screen for PTSD was positive.
TBI Screening:
The patient reports service in Operation Iraqi Freedom.
The location of the patient's most recent OIF service was

TRAUMATIC BRAIN INJURY SCREENING
Has the veteran already been diagnosed as having TBI during OIF/OEF deployment? No

Section 1: The veteran experienced the following events during OIF/OEF deployment:
Blast or Explosion IED (improvised explosive device), RPG (rocket propelled grenade), Land Mine, Grenade, etc.

Section 2: The veteran had the following symptoms immediately afterwards: Veteran denies any symptoms immediately afterwards. Negative Screen

Signed by: /es/ MARY J FILIPKOWSKI RN BSN 04/11/2007 14:54

> WILKES-BARRE VAMC Pt Loc: OUTPATIENT





Progress Note

NOTE DATED: 04/11/2007 14:45 LOCAL TITLE: NSG TRIAGE STANDARD TITLE: NURSING TRIAGE NOTE VISIT: 04/11/2007 14:39 TRIAGE-BASEMENT TRIAGE (UNSCHEDULED): NON-URGENT

ALLERGY: No Allergy Assessment

LATEX ALLERGY: NO Patient states he is also allergic to:nkda

Do you feel safe in your home environment? Yes

Active Outpatient Medications (including Supplies):

No Medications Found

T: 97.8 F [36.6 C] (04/11/2007 14:45)
P: 69 (04/11/2007 14:45)
R: 10 (04/11/2007 14:45)
BP: 132/86 (04/11/2007 14:45)
PAIN: 0 (04/11/2007 14:45)
PULSE OXIMETRY:

MODE OF ARRIVAL: AMBULANT

DATA: c/o inability to sleep over past 2 days.

ASSESSMENT: C/o nightmares, denies any suicidal or homicidal ideations.

PLAN: mhc.

## PAIN ASSESSMENT

Do you have pain?no

NSG IRAQ&AFGHAN POST DEPLOY SCR:
The patient reports service in Operation Iraqi Freedom.
The location of the patient's most recent OIF service was

PTSD SCREEN

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:
Have had any nightmares about it or thought about it when you did not want to?

Yes
Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Yes Were constantly on guard, watchful, or easily startled?

Felt numb or detached from others, activities, or your surroundings?
Yes Yes

PHQ-2 Depression screen:

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things: More than half the

Feeling down, depressed, or hopeless: (3) Nearly everyday

Total score = THIS NOTE CONTINUED ON NEXT PAGE \*\*

WILKES-BARRE VAMC <u>ASKOWSKI STANLEY P III</u>

Printed:06/29/2009 15:34 Vice SF 509

Pt Loc: OUTPATIENT

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MEDICAL RECORD

04/11/2007 15:25 ** CONTINUED FROM PREVIOUS PAGE **

but worse for unknown triggers lately. He was encouraged to pursue tx by his wife. After discussion decided to proceed with tx at Hs. Wil start with Trazodone 50 mg tabs. He wil begin with 1/2 tab increasing to 50 mg. He was educated on the effect of med as well as side effects including dry mouth and priapism. These will be picked up today. These will be picked up today. These will be picked up today. These will also be given appt for PTSD screening to assess further need as his sx have PTSD features. Patient willing to accept followup and further tx in MHC. He agreed to return for followup medication management, intake and future followup

9 DATE/TIME CLINIC ( LOCATION )
APR 18,2007@09:00 LAB3RDFIRWEST(SILVER AREA ( 3RD FLOR WEST SILVER AREA) APR 18,2007@09:30 CP DERMATOLOGY (5TH FLR(C5-24)SILVER AREA) APR 18,2007@09:30 CP DERMATOLOGY (5TH FLR(C5-24)SILVER AREA) APR 18,2007@11:00 CP LOVRINIC (5TH FLR(C5-24)SILVER AREA) APR 20,2007@11:03 CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA) APR 20,2007@10:30 CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA) APR 23,2007@10:30 CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA) APR 24,2007@08:00 CASTRIGNANO EXAMS (5TH FLR(C5-24)SILVER AREA)
APR 24,2007@08:00 CASTRIGNANO EXAMS (5TH FLR(C5-24)SILVER AREA)
APR 24,2007@08:01 CASTRIGNANO EXAMS (5TH FLR(C5-24)SILVER AREA)
APR 24,2007@08:01 CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA)
APR 24,2007@08:02 CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA)
APR 24,2007@08:02 CP AUDIO PATCHOSKI (5TH FLR(C5-24)SILVER AREA)
APR 2
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MEDICAL RECORD

Progress Note

NOTE DATED: 04/11/2007 15:25
LOCAL TITLE: PSYCHIATRY GENERAL NOTE
STANDARD TITLE: PSYCHIATRY NOTE
VISIT: 04/11/2007 15:30 MHC BOROWSKI WALK IN
Chief Complaint: Little or no sleep for the past 2 days
Subjective: Patient reports that he has problems since 2003. He was stationed i:
Iraq from 2/03 to 7/03 as infantry.
He began to develope nightmeares in 8/03. he reports similar nightmare. he
reports recurring dream in which his house is broken into, he and family
kidnapped, children are killed. Wife is raped and killed. He then wakes up. He
reports this dream frequently up to 4 nights in a row but can go weeks. He
reports that in the last week it occured 3 times. He states that he finds it
usettling and difficult to fall back asleep
He reports daytime irritabnility, isolation. He states he works regularly but
states he can feel low motivation, low energy

He reports he was discharged from service in Feb. Marine Corps 1999-2007.
Moved here here with family in Feb married 5 years, 2 children 1 on way. Financial advisor for retirment

He reports that his wife encouraged him to come in. He reports irritability, isolation, sitting in corner, hates going to Wal mart.

He denied any prior tx for mental health. He denies family hx of mental illness

Admits to substance abuse alcohol aand drugs age 18-19, i.e Cocaine, marijual alcohol nightly for several years until age 20. clean and mostly sober since marijuana,

He denies any physical complaints

<u> Vital Signs:</u> TEMPERATURE:

97.8 F [36.6 C] (04/11/2007 14:45)
69 (04/11/2007 14:45)
10 (04/11/2007 14:45)
132/86 (04/11/2007 14:45)
0 (04/11/2007 14:45)

PULSE: **RESPIRATION:** 

BLOOD PRESSURE: PAIN:

Objective:WD/WN male alert oriented, cleanly dressed in NAD

#### Labs:

Mental Status: Alert and oriented x3. In good contact. Spontaneous, relevant and coherent. Mood depressed, not anxious or aggitated. Affect appropriate, upressured speech content. Eating fair, sleeps poor. No psychomotor retardation. Denied suicidal and homicidal ideation. No hallucinations delusions or loosening of association noted. Memory including recent, remote, immediate recall and judgement are not clinically impaired. Insight and motivation fair.

Active Outpatient Medications (including Supplies): MEDICATION REVIEW: No Medications Found

Allergies: No Known allergies

Assessment: Adjustment Disorder with PTSD Features

No Service Connected problems treated

Plan: I discussed my findings with the patient. Sx have been present for 3 years \*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

<u>ASKOWSKI.STANLEY P III</u>

WILKES-BARRE VAMC Pt Loc: OUTPATIENT

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## MEDICAL RECORD

Progress Note

04/16/2007 08:55 \*\* CONTINUED FROM PREVIOUS PAGE \*\*

On weightbearing, there is a medial arch. Weightbearing reveals pronation bilaterally with depression of the arch bilaterally. Resting calcaneus stance position (relaxed state of standing), the calcaneus is in a slightly everted position.

Nonweightbearing, the Achilles tendon is in rectus alignment. Weightbearing of the Achilles tendon has a slight medial bowed appearance with no pain on manipulation. Weightbearing, there is a forefoot malalignment, which can be manipulated; nonweightbearing without pain. On weightbearing, in attempting to manipulate the forefoot to a more rectus alignment, there is pain at the right mid and hind foot. He can rise to his toes bilaterally and partially resupinate on the left. The right foot does not resupinate and he complains of pain that travels to his right ankle. He can bear weight on his left heel. He cannot bear weight on his right heel without pain. His sneakers today reveal no abnormal wear pattern. He has a normal gait.

Pedal pulses are present and symmetrical. There is digital hair present bilaterally. Tyloma was bilaterally. Vibratory sensation is intact. There is no Babinski's. Muscle testing is 5/5 bilaterally for the plantar flexors, dorsiflexors, evertors, and inverters.

- D. DIAGNOSTIC AND CLINICAL TESTS: See the x-ray report.
- E. DIAGNOSES:
- 1. Right plantar calcaneus spur from radiology report.
  2. Pronation bilaterally with mild ligamentous strain right foot.

CAB/OSi/227817/0/04/16/2007 09:17:32/ss/D:04/16/2007 09:02:11/T:04/16/2007 09:17:32/VAJob#:199064/IChartJob#23134508/18377752

Signed by: /es/ CAROL ANN BENEK STAFF PHYSICIAN (PODIATRY) SURGICAL SVC 04/16/2007 12:09

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MEDICAL RECORD

Progress Note

NOTE DATED: 04/16/2007 08:55 LOCAL TITLE: COMPENSATION AND PENSION NOTE STANDARD TITLE: C & P EXAMINATION NOTE VISIT: 04/11/2007 13:15 CP PODIATRY/BENEK

EXAM TYPE: Compensation and pension examination.

DATE OF EXAM: April 11, 2007.

PLACE OF EXAM: VA Medical Center - Wilkes-Barre, Pennsylvania.

A. REVIEW OF MEDICAL RECORDS: This is a 29-year-old male in no apparent distress. No known drug allergies. Past medical history noncontributory. He states he takes Motrin as needed for hip and knee pain. He is a smoker. He denies IV drug abuse, alcohol abuse, HIV and hepatitis.

The C-file was reviewed. The information for this evaluation was gathered from the individual. He was in the Marines from February of 1999 to February of 2007.

In 2003 while in Iraq, he relates trauma to his right heel. The vehicle suddenly dropped and jammed his heel into the deck. He relates x-rays were completed and he was prescribed Motrin. He does not relate any additional treatment at that time.

In 2004 at Parris Island in South Carolina, he had an increase in right heel pain that was now present all the time. He relates x-rays with a diagnosis of a heel spur. He relates he had a right heel injection, which he states gave him no relief. Motrin was prescribed again and he relates minimal relief with this. He had soft heel inserts placed in his boots, which gave him only minimal amount of pain relief.

He denies any foot surgery. He has had no additional foot treatment.

After discharge from the service, he returned to work. He currently works as a financial advisor with standing at least 50% of the time. He can continue with his everyday living activities, but complains of chronic right heel pain.

B. MEDICAL HISTORY: Today his chief complaint is "whenever I walk I have sharp, right heel pain." He has more pain with standing than walking even with 15-30 minutes. He has less symptoms with sitting.

Today there is pain on direct palpation of the right heel and on side-to-side compression of the right heel. Today there is no weakness, no stiffness, no swelling, no heat, no redness. Today there are no complaints of foot joint pain.

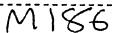
He does not use or does he need crutches, braces, cane, or orthopedic shoes. He may benefit from orthotics.

C. PHYSICAL EXAMINATION: There is a gastroc equinus bilaterally. Range of motion of his subtalar joint is symmetrical and within normal limits. There is tenderness on palpation at the medial aspect of the right subtalar joint. Range of motion of the bilateral first metatarsophalangeal joint is approximately 50 degrees dorsiflexion and 25 degrees plantar flexion with no crepitations and no pain on range of motion. There are no bunions, no hammertoes, and no claw foot deformity. There is pain at the plantar right heel and pain on side-to-side compression of the right heel. There is no functional loss or impairment related to his anatomical condition and there is no instability. There is no clinical evidence that range of motion or joint function is limited with repetitive use.

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LASKOWSKI STANLEY P III

WILKES-BARRE VAMC Printe
Pt Loc: OUTPATIENT



Progress Note

NOTE DATED: 04/17/2007 11:32 LOCAL TITLE: PATIENT RECORD FLAG CATEGORY II -OIF/OEF STANDARD TITLE: PATIENT RECORD FLAG VISIT: 04/17/2007 11:31 ZZZOIF/OEF-INTAKE/IRAQ MRC Approved: 6/29/06-Job #06-24

Veteran newly identified:

Date of separation from military: 2/4/07 Active duty status: combat vet Date of contact: 4/11/07 Referral source: Self

Reason for referral: see below

Service(s) need: Enrollment/Eligibility, Medical/Dental, Mental Health, Other: Comp and pension.

Recommendations: Vet was seen as a walk-in in MHC from Triage. he also has a comp and pension claim.

> KATHLEEN A COLLELO SOCIAL WORKER 04/17/2007 11:33 Signed by: /es/

ASKOWSKI STANLEY

WILKES-BARRE VAMC Pt Loc: OUTPATIENT

LASKOWSKI, STANLEY P III

WILKES-BARRE VAMC Pt Loc: OUTPATIENT

Progress Not

NOTE DATED: 04/18/2007 09:30
LOCAL TITLE: COMPENSATION AND PENSION NOTE
STANDARD TITLE: C & P EXAMINATION NOTE
VISIT: 04/18/2007 09:30 CP DERMATOLOGY
DERMATOLOGY COMPENSATION AND PENSION EXAMINATION

DATE OF EXAMINATION: April 18, 2007

### HISTORY--SUBJECTIVE:

There is no C-File to review for this examination today at the time of this examination.

This veteran served in the U.S. Marines between 1999 and 2007. He states that i March of 1999, while in boot camp at the Parris Island; South Carolina, Marine Base, he was noted to have a rash over his back. He states at the time, fungal rashes were "running through" his battalion.

He was sent to a Naval Battalion Aid Station where they treated him with a topical antifungal cream of unknown type and strength. He used this cream for week, all the while remaining on active duty, and the rash cleared up.

He has had no rash whatsoever in that area of the back since that episode. The veteran does not treat his skin in any way at this time. There is not any rash to be treated. He has no complaints whatsoever about the skin of his back. There are no untoward symptoms.

# **EXAMINATION--OBJECTIVE:**

The veteran's back is examined today and is entirely clear of any rash or abnormality of any kind.

## MISCELLANEOUS:

No pictures are taken today because there is nothing to photograph.

0% of the patient's skin is involved with the current rash because there is no

There are no pertinent tests, of course.

### DIAGNOSIS:

NO RASH OVER THE PATIENT'S BACK. SKIN IS CLEADISFIGUREMENT. NO TINEA/DERMATOPHYTOSIS SEEN. SKIN IS CLEAR.

Since there is no disfigurement, the C-PEP requirement for a "Scars Worksheet" even when there are no scars, will not have to be completed.

d- 4-18-2007 t- 4-18-2007 10:42 a.m. 12:30 p.m.

Signed by: /es/ DAVID J STRANG STAFF PHYSICIAN(DERMATOLOGY)MEDICAL SERVICE 04/18/2007 14:41

04/19/2007 07:49 ADDENDUM STATUS: COMPLETED
The C-File was made available to this provider 24 hours \*after\* the skin C-P Examination was completed. It is now and belatedly reviewed. There will be no changes in the \*already completed\* C-P Examination as a result of this review.

Signed by: /es/ DAVID J STRANG
STAFF PHYSICIAN(DERMATOLOGY) MEDICAL SERVICE 04/19/2007 07:51

Progress Note

04/18/2007 11:00

\*\* CONTINUED FROM PREVIOUS PAGE \*\*

d- 4-26-2007 t- 4-26-2007 TA2 #21960 2:30 p.m. 4:30 p.m.

Signed by: /es/ DANIEL F LOVRINIC STAFF PHYSICIAN(ORTHOPEDIC SURGERY)SURGICAL SVC 04/27/2007 09:40

Progress Note

04/18/2007 11:00

\*\* CONTINUED FROM PREVIOUS PAGE \*\*

He works in finance and states that after using the computer for some time, he has pain over the area of the right wrist.

SECTION C.3. PHYSICAL EXAMINATION:

Physical examination was deferred at this time. I will add it as an addendum when it is done.

SECTION D.3. DIAGNOSTIC AND CLINICAL TESTS:

X-ray of the right forearm taken April 12, 2007, reveals an old, healed fracture.

Following repetitive use times three, there was no clinical evidence of additional loss of joint function due to weakness, pain, or fatigue.

d- 4-18-2007 11:46 a.m. t- 4-18-2007 11:30 p.m. TA2 #28892

> Signed by: /es/ DANIEL F LOVRINIC STAFF PHYSICIAN(ORTHOPEDIC SURGERY)SURGICAL SVC 04/19/2007 09:07

الوزيا

04/18/2007 11:00 ADDENDUM STATUS: COMPLETED ADDENDUM TO COMPENSATION AND PENSION EXAMINATION OF APRIL 18, 2007, DICTATED APRIL 26, 2007, BY DANIEL F. LOVRINIC, M.D.

The examination of his right forearm showed no evidence of tenderness about the distal ulna where the patient states the fracture occurred. No pain with jogging of the distal radial ulnar joint.

Painless range of motion of the forearms reveals extension from 0 to 80 degrees on the right and from 0 to 90 degrees on the left. Flexion of the wrist reveals 0 to 80 degrees on the left and from 0 to 70 degrees on the right. Pronation, bilaterally, is to 80 degrees, supination on the right is to 60 degrees, and to 85 degrees on the left.

The patient has fingertip to palm touch on all fingers. He also has thumb-tip touch to tip of each finger, bilaterally.

There is no weakness of the interosseous muscles. No thenar or hypothenar atrophy. Grasp is 5/5, bilaterally.

X-rays of the forearm were taken on April 11, 2007, and did show minimal deformity at the distal ulna.

### DIAGNOSIS:

Fracture, right distal ulna--at least as likely as not associated with his service-connected condition.

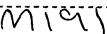
The patient does have limited motion in the right wrist. He also states that this does interfere in his activities such as doing push-ups. He also states that he has problems at work after a length of time.

Following repetitive use times three, there was no clinical evidence of additional loss of joint function due to weakness, pain, or fatigue.

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LASKOWSKI STANLEY P III

WILKES-BARRE VAMC Pt Loc: OUTPATIENT



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When the patient stands, his pelvis is level. He has a right-sided antalgic mild gluteus medius gait.

Left Hip: With the patient recumbent, there is full flexion of the left hip. There was some pain with rotation. There is tenderness over the greater trochanter but not over the sciatic notch.

Examination of his back reveals no tenderness over the lower lumbar midline nor any muscle spasm.

There are no paresthesias down his left leg or in the area of the tenderness.

SECTION D.2. DIAGNOSTIC AND CLINICAL TESTS:

X-rays of the left hip are unremarkable.

SECTION E.2. DIAGNOSIS:

Left Hip: Greater trochanteric bursitis.

The patient is having persistent problems, despite antiinflammatory medication.

Following repetitive use times three, there was no clinical evidence of additional loss of joint function due to weakness, pain, or fatigue.

3. RIGHT FOREARM.

DATE OF EXAMINATION: April 18, 2007

PLACE OF EXAMINATION: VA Medical Center, Wilkes-Barre, Pennsylvania

EXAMINER: D. Lovrinic, M.D., Orthopedic Surgery

1. RIGHT HIP.

SECTION A.3. REVIEW OF MEDICAL RECORDS:

The Claims file was available for review.

SECTION B.3. MEDICAL HISTORY:

The patient states he injured his forearm when he fell on stairs He was placed in a cast for two weeks. Since that time, he has persistent pain in this area.

- 1. The patient complains of pain, weakness, stiffness, instability, giving-way, locking, and fatigability, but he denies swelling.
  - 2. Treatment:
  - 3. No flare-ups occur.
  - 4. No ambulation aids or braces are used.
  - 5. No surgery has been performed.
  - 6. No instability or subluxation.
  - 7. No generalized inflammatory disease is present.
- 8. In his daily life, he is unable to do push-ups or chin-ups. Pushing and pulling are painful.

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

<u>LASKOWSKI, STANLEY P III</u>

WILKES-BARRE VAMC Pt Loc: OUTPATIENT

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04/18/2007 11:00

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not over the lumbar area at 45 degrees. Hip rotation causes discomfort at the greater trochanteric area.

Abduction of the right hip is to 20 degrees, without pain.

SECTION D.1. DIAGNOSTIC AND CLINICAL TESTS:

X-rays of his hip showed no bony abnormalities.

(<sub>20</sub>

SECTION E.1. DIAGNOSIS:

Right Hip:
1. Greater trochanteric bursitis.
2. Probable sciatica with radiation down his right leg to the

He is having difficulty at work and has missed work because of this. I feel that an orthopedic evaluation would be beneficial for this patient.

Following repetitive use times three, there was no clinical evidence of additional loss of joint function due to weakness, pain, or fatigue.

LEFT HIP.

DATE OF EXAMINATION: April 18, 2007

PLACE OF EXAMINATION: VA Medical Center, Wilkes-Barre, Pennsylvania

**EXAMINER:** Daniel Lovrinic, M.D., Orthopedic Surgery

SECTION A.2. REVIEW OF MEDICAL RECORDS:

The Claims file was available for review.

SECTION B.2. MEDICAL HISTORY:

The patient states that there was no known trauma as an initiating event in his left proximal femur. This started in 2001. It was slow to start but has gotten worse to the present time.

- 1. The pain is described as being over the greater trochanter, with no radiation. He states that this pain is getting worse.
- 2. Treatment: He does not feel the pain is sufficiently severe to warrant medications. He is, however, taking Motrin daily for his right hip.
  - No flare-ups occur.
  - He does not use any ambulation aids for walking.
  - No surgery has been performed.
  - 6. No evidence of dislocation or subluxation.
  - No generalized inflammatory disease.

8. The patient works in finance. He states that he has some difficulty while at work but has not missed any work because of it.

In his daily activities, there is no limitation of activities due to his hip.

SECTION C.2. PHYSICAL EXAMINATION:

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<u>LASKOWSKI, STANLEY P</u>

WILKES-BARRE VAMC Pt Loc: OUTPATIENT

MEDICAL RECORD

Progress Note

NOTE DATED: 04/18/2007 11:00 LOCAL TITLE: COMPENSATION AND PENSION NOTE STANDARD TITLE: C & P EXAMINATION NOTE VISIT: 04/18/2007 11:00 ZZZCP LOVRINIC ORTHOPEDIC COMPENSATION AND PENSION EXAMINATION

The patient is being seen today for a focused examinations of his right hip, left hip, and right wrist.

DATE OF EXAMINATION: April 18, 2007

PLACE OF EXAMINATION: VA Medical Center, Wilkes-Barre, Pennsylvania

**EXAMINER:** Daniel Lovrinic, M.D., Orthopedic Surgery

RIGHT HIP.

SECTION A.1. REVIEW OF MEDICAL RECORDS:

The Claims file was available for review.

SECTION B.1. MEDICAL HISTORY:

The patient states that he injured his right hip in the Year 2000 while on active duty. He states that he was on a hike, and he developed pain over the lateral aspect of the hips. This was sufficiently severe that he was placed on limited duty, which he was on for approximately eight months. Multiple studies were done, but he denies any specific known causative factor for this. After that length of time, he was placed on full duty, but he states that he was unable to do all duties and was freed of them while he was on active duty overseas. Since then, he states that he is still having pain in the hip and that it has become worse. worse.

- 1. Pain: He complains of pain, weakness, stiffness, swelling, instability, giving-way, locking, and fatigability.
- 2. Treatment: He states that he treats this with Motrin, 800 mg. twice daily regularly. He has not gotten relief with ice or heat. He also uses rest and decreased activity as modalities of treatment.
  - 3. Flare-ups: No flare-ups occur.
  - 4. He does not use any ambulation aids or brace.
  - He has not had any surgery.
  - 6. No evidence of dislocation or subluxation.
  - He denies any generalized arthritic inflammatory condition.
- 8. He works as a financial adviser. His work is interfered with because of the problem he has with ambulation. He has missed several days of work because of this.

In his daily life he has difficulty running or walking. Standing for any length of time causes the pain.

SECTION C.1. PHYSICAL EXAMINATION:

Physical examination of his right hip reveals a mild antalgic gluteus medius gait. He is unable to toe or heel walk because of pain. His pelvis is level when he stands. There is no tenderness to punch percussion over the lumbosacral spine. There is tenderness over the right greater trochanter and sciatic notch.

With the patient recumbent, the straight-leg raising test produces pain in the sciatic notch an dgreater trochanter but \*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

<u>LASKOWSKI.STANLEY P III</u>

WILKES-BARRE VAMC Pt Loc: OUTPATIENT

Progress Not

NOTE DATED: 04/20/2007 12:12 LOCAL TITLE: ORGAN DONOR STANDARD TITLE: PATIENT RECORD FLAG VISIT: 04/20/2007 12:12 FILEROOM See Flag.

Signed by: /es/ SUSAN E MCGEEHAN DETAILS CLERK 04/20/2007 12:12

Progress Note

04/20/2007 15:55

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DIAGNOSES:
AXIS I: POSTTRAUMATIC STRESS DISORDER, CHRONIC.
AXIS II: DEFERRED.
AXIS III: HISTORY OF INJURY TO RIGHT ARM.
AXIS IV: STRESSOR - EXPOSURE TO COMBAT IN IRAQ, RECENT
DISCHARGE FROM THE US MARINE CORP.
AXIS V: GLOBAL ASSESSMENT OF FUNCTIONING PAST YEAR 55,
PRESENTLY 65.

MR. LASKOWSKI IS CAPABLE OF HANDLING HIS OWN FINANCIAL AFFAIRS.

FFS/OSi/226074/0/04/22/2007 13:27:29/dj/D:04/20/2007 16:25:19/T:04/22/2007 13:27:29/VAJob#:/IChartJob#23253672/18479297

Signed by: /es/ FRANCISCO F SANTOS, M.D. STAFF PSYCHIATRIST BEHAVIORAL SVCS 04/23/2007 08:21

04/20/2007 15:55

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He avoids crowds. He does not want to be in crowds like in movie houses or restaurants. When he has no choice and had to go to a restaurant he would usually sit at the corner.

He continued to be hypervigilant, tends to be looking around anticipating something negative to happen. He does have fears and his main concern is more of the welfare of his wife and children. He has to be sure when a car drives by his house to see where it is going.

He also feels edgy every day and he would have moodiness, outbursts of temper, which he calls "angry a lot", usually against his children and his wife and then feeling sorry for his outbursts later on.

He does admit to feelings of depression, occurring at least 2 times per week, lasting a day of 2. During these times he would feel like crying and questioning his competence, "What am I accomplishing". When he is in this state of emotion his energy level is down as well as his appetite is poor.

He felt that he began having symptoms of anxiety about a few months after his return from Iraq in 2003. He was then in Parish Island, South Carolina. He attempted to get information on how to ask help for emotional problems, that is to go to a Naval facility to get treatment, but he was advised to first talk to a chaplain. With his strong reservations of talking about these incidents in Iraq, he decided not to pursue talking to a chaplain but rather kept his problems into himself.

OBJECTIVE EINDINGS.

OBJECTIVE FINDINGS: He was a medium built white male. Alert and oriented in 3 spheres. Casually dressed. Personal hygiene was good. His mood was moderately nervous. Affect was constricted. He was serious-looking. Speech was forceful but relevant. Some mild amount of depression as well. He is endorsing nightmares of being harmed as well as themes involving events in Iraq, as well as intrusive recollections of the same events in Iraq. No actual panic attacks. Denies suicidal and homicidal thinking. He also denies auditory and visual hallucinations. No delusional thinking gathered. He has no suicidal and homicidal thinking. Remote and recent memory are intact. Judgment is fair and insight is fair.

ASSESSMENT: WITH A COMBAT ACTION RIBBON, CONCEEDING COMBAT EXPOSURE DURING THE IRAO FREEDOM WAR INVASION OF IRAO WHILE SERVING THE US MARINE CORP, HE MET THE CRITERIA FOR STRESSOR. HE CONTINUE TO RELIVE DISTURBING TRAGIC EVENTS IN IRAO UNTIL THIS TIME, IN THE FORM OF NIGHTMARES AS WELL AS INTRUSIVE RECOLLECTIONS, OF THOSE EVENTS AS INDICATED ABOVE. HE DOES HAVE SOME PERSISTING SYMPTOMS OF AVOIDANCE INCLUDING SUPPRESSION OF THESE EVENTS AND MEMORIES FOR YEARS UP UNTIL HIS DISCHARGE FROM SYMPTOMS OF NUMBING; THAT IS HAVING TO KEEP TO HIMSELF, EXPRESSING MORE EMOTIONS OF ANGER THAN EMOTIONS OF WARMTH, AND HAVING PERSISTING SYMPTOMS OF HYPERAROUSAL IN THE FORM OF SLEEP DISTURBANCE, OUTBURSTS OF TEMPER, AND FEELING EDGY AS WELL AS HYPERVIGILANCE. HE DOES MEET THE MINIMUM SYMPTOMS CRITERIA FOR POSTTRAUMATIC STRESS DISORDER.

HE DOES EXHIBIT, THOUGH, IMPROVEMENT IN HIS PSYCHIATRIC AND PSYCHOLOGICAL MAKEUP NOTED BY ABILITY TO BE PRODUCTIVELY EMPLOYED SINCE ABOUT 2 WEEKS AGO WITH OVERALL GOOD PERFORMANCE AS A FINANCIAL ADVISOR WITH KEYSTONE FINANCIAL MANAGEMENT, HAVING CAPACITY TO MAINTAIN A GOOD FAMILY RELATIONSHIP WITH HIS CURRENT MARRIAGE AS WELL AS HIS 2 CHILDREN, AND DIMINISHMENT OF FREQUENCY OF THE NIGHTMARES, HIS SOCIAL IMPAIRMENT AND OCCUPATIONAL IMPAIRMENT WILL BE CONSIDERED TO BE IN THE MILD DEGREE.

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

<u>LASKOWSKI.STANLEY P III</u>

WILKES-BARRE VAMC Printed: 06/29/2009 15:34
Pt Loc: OUTPATIENT Vice SF 509

Progress Note

MEDICAL RECORD

04/20/2007 15:55 \*\* CONTINUED FROM PREVIOUS PAGE \*\*

the southern tip of Iraq until they reached Baghdad. He was in combat through this period of time and they had at least 2 confrontations on Highway 1 and ones in Baghdad.

In a town called Nunilniyah, which is about northeast of Nasiriyah, Iraq, a house exploded and the aftermath of this incident was a body of a 6-month-old Iraqi killed, which was almost nothing was left of this child. In another incident, this also occurred in April of 2003, while his unit was on Highway 1 a soldier by the name of Eric Silva got shot by enemy fire and the bullet went through this soldier's ribcage and out into his anterior chest. This soldier was killed on the same day.

After his return from Iraq in July 2003, he served the rest of his tour of duty in the Marine Corp at Parish Island, South Carolina as a rifle instructor. After his second reenlistment was up, not wanting to return back to Iraq, he decided to leave the US Marine Corp. He was discharged in February 2007 honorably with a rank of E-5. He has a Combat Action Ribbon from his involvement with the Iraqi Freedom War.

He got married about 5 years ago while he was in active duty in the US Marine Corp on one of his vacation times. He met his wife in California. He described his marriage now as good. His wife he calls bullheaded, the same as he does. They go into screaming matches but they do not hold any grudges, for they make up their differences afterwards. His wife now is pregnant and they do have 2 young children, a 4-year-old daughter and a 2-year-old son. He has a close family relationship. He is intimate with his wife and affectionate as well to his own children.

About 2 weeks ago, he found a job with Keystone Financial Management as a financial advisor, selling products like insurance and investments. He is still on probationary status but he is working long hours, putting in the past 2 weeks about 40 hours per week. He finds the job interesting. He is doing well overall. He has his insurance license now. He is not quite sure at this point as to whether he will keep this employment long-term. His compensation is on a commission basis.

He attempted college through on-line college courses some time last year through a college in Missouri, pursuing some courses in criminal justice, taking a few courses only.

Outside of his current employment he spends most of his time at home, spends quality time with his children especially on weekends. He would also take his children to their grandparent's house.

SUBJECTIVE COMPLAINTS: The first symptom he mentioned in this meeting is nightmares with repeated themes and with this particular dream he had it at least about 4-5 times since he had been back from Iraq in February 2007 and the last time was 2 nights ago. The dream is about someone coming into his house, killing his children, raping his wife, and kidnapping him and bringing him into a van. He does also have dreams sporadically on events that happened to him in Iraq and one of which is the incident when Eric Silva was shot on Highway 1 and another dream he has is the explosion of the house where practically nothing was left of this 6-month-old baby.

He does have sleep disturbance and this was his main complaint when he came for the first time for formal mental health assistance at Wilkes-Barre VA Medical Center on April 11, 2007.

\*\* THIS NOTE CONTINUED ON NEXT PAGE \*\*

<u>LASKOWSKI.STANLEY P III</u>

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Pt Loc: OUTPATIENT Vice SF 509